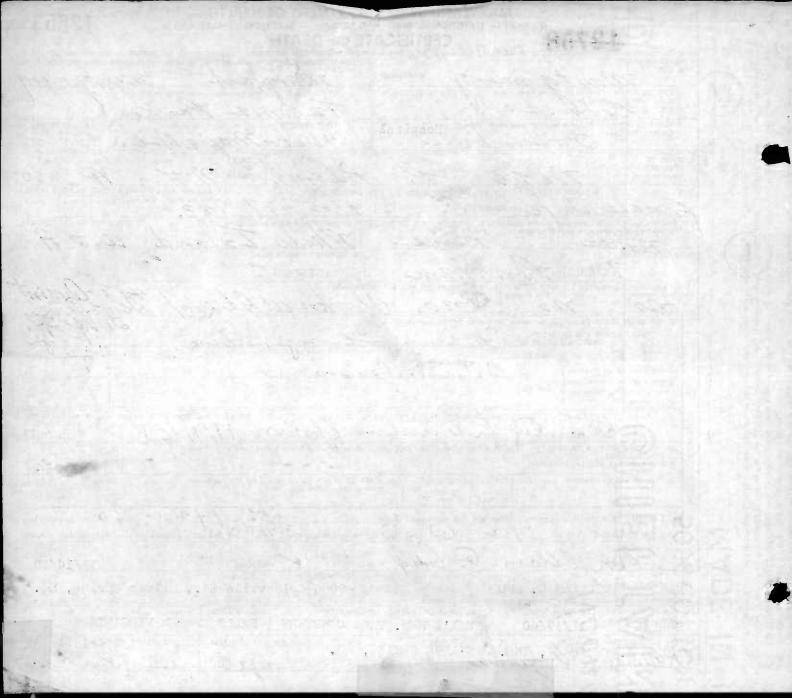
death. Page 4	by the funeral director, and 2 should be filed with	
"s after	by the find 2 shou	1
IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 - s after death. Page 4	moy be need by the haspital ar ottending physician.  TO FUNE CALL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remayer carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or remayol, and in any event, within 72 habrs ofter death.	

14(1)O Item 7 FilmG275	- 8-60 et
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
Montamery MARYLAND	o. STATE Mary and b. COUNTY montgomery
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (y outside corporate limits, write RURAL and give negrest town)
RURAL and give asperest lowers	Takoma Park
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS . e. IS RESIDENCE
OR INSTITUTION	ON A FARM?
O'uburban	1/24-///afletter 1 YES NO
3. NAME OF DECEASED (Type or print) Middle	Adams Death Nov. 1960
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Cemale white WIDOWED   DIVORCED	9/15/77 S3 yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU: during next of working life, even if retired)	STRY 11. BIRTHPIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
The town	Milal Loland Widill.
13. FATHER'S NAME  XX SAMUEL FIN Khami	14. MOTHER'S MAIDEN NAME
	NFORMANT Address // Q - 1) - 1
(Yes. no, or unknown) (If yes, give we) or doles of service) \( \mathref{n} \mathref{O} \), \( \mathref{O} \	linten W. Ad Zms/ Deres Hille
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	JUNKOVA OTTOR
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CERTALEMENT	Elempen Lem 1-266
5 O DUE TO	Yn.
	2
Conditions, if ony, which gove rise to immediate (b)	ugo .
couse (o), stoting the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 Comment for lacemon	na / lest on ////(6) YES NO
200. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRE	D. (Enter violure of injury in Port I or Port II of item 1B.)
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	The state of the s
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour o. m.  P. m.  19 While Not while of work of work	ctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1956 to 14 nov, 196 (that (1) (we) lost
411 / 3	death occurred of 14M, from the causes and an the date stoted above.
220. SIGNATURE	22b. DATE
Or Mlain Stull	M.D. ATTENDING MED. STAFF PHYS. SIGNED
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) WILLIAM D. AUD	9006 Colesville Rd., Silver Spring, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	TATE OF THE PARTY OF THE PARTY A
BURIAL 11/17/60 "NAT'L MEM. PA	ARK CEMETERY   FALLS CHURCH VIRGINIA
24. FUNERAL DIRECTOR'S SIGNATURE	G. MD. 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
Kaiminut U. Zioka	DATE NOV 2 2 160 Cather & Keans

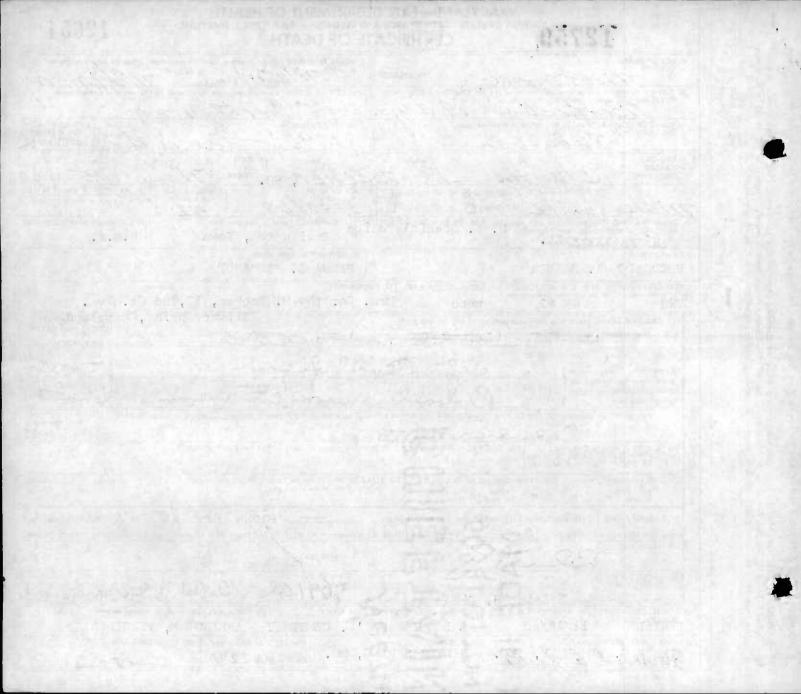


VR A1S (4) 15M 9/59 I

# MARYLAND STATE DEPARTMENT OF HEALTH 12759 CERTIFICATE OF DEATH

12654

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Maryland MARYLAND	o. STATE Mary / and recounty Montamores
b. CITY OR TOWN (If autside consorate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ayrside corporate limits, write RURAL and give perrest town)
RURAL and give nearest towns	34 Jiliprotoring
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION Tuburban	12906 - Farai Lie YES NO ST
	uco grace providence
DECEASED	Lost 4. DATE Month Day Year OF DEATH
(Type or print) C/Zuj Hon 1, 73	CLILE, SN.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday)  Months Days Hours Min.
Make white WIDOWED   DIVORCED	3/30/08 52 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, eyen if retired)	
CHXXXXXXXXLt.	Burlington, Iowa U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FREDERICK A. BACHER	HILDA B. FROHARDT
	NFORMANT Address
YES (If yes, give war or dates of service) YES MW #2 none Mrs	s. Dorothy M. Bacher, 12,906 Ga. Ave.
	Silver Spring, Marintel Wifeetween
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	andregme shock them.
DUE TO CON O	0 00
Conditions if only, which) (b) det plan	unal effusion. Threeles
gave rise to immediate couse (a), stating the under-	11 Grind
lying cause last. (c) I worked	arcine all baron brown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO
20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not while	ctary, street, affice bldg., etc.)
21. I certify that (1) (this hospital) attended the deceased fram	
saw the deceased alive an 100, and that a	death occurred at 11.43. M, from the causes and on the date stated obave.
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
B laine H Fig	509/ Coleanile (d Delra Spring had
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
BURIAL 11/18/60 ARLINGTON NA	AT'L. CEMETERY ARLINGTON, VIRGINIA
24. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
WARNER E. PUMPUREN, INC. SILVER SPRIN	VG, MD NOV 2 2 200
Tudinano a stara	DATE MUV 2 2 00   Outling & King



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	2	D	1	1	

#### **CERTIFICATE OF DEATH**

Reg. Dist. No. 12655

PLACE OF DEATH	GOMERY		MARYL	AND 2.	USUAL RESID	RYLAN	ere deceased				
RURAL and give no	orest town)	ls, write	c. LENGTH OF STAY II	N 1b					RURAL ond	give nearest	fown)
d. NAME OF HOSPIT OR INSTITUTION				1			ek Str	eet			ON A FARM?
NAME OF DECEASED (Type or print)			MARY JEANNE	3	6		4. DATE OF DEATH	NE	onth	Day 9	Year 19 60
SEX F	6. COLOR OR RACE			3.0				last birthday	) Months		
during most of work	ing life, even if retired	ione 10b.	NIND OF BUSINESS OR		WA	SHING	GTON,				HAT COUNTRY?
d. NAME OF HOSTITUDION 13,004 Flack Street  3. NAME OF GONSTITUTION 13,004 Flack Street  3. NAME OF GONSTITUTION 13,004 Flack Street  4. DATE DOWN FRAME OF GONSTITUTION 13,004 Flack Street  5. SEX											
WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)				i. Bat	ısch,			Street	t
gove rise to i cause (o), storing lying cause lost.  PART II. OTH  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	ny, which mmediote the under-	DITIONS G	PRINCE HOW INJURY OF	CURRED. (E	nter nature of	Finjury in I	Port I or Port	II of item 18.)		YE	ERFORMED?
Hour o. m.				factory	, street, affice	bldg., etc.	.)				
ACTUAL SIGNATURE	at lattended the	19_0 PD		_		8:30		the causes	ond on	the date :	stated abave.  DATE SIGNED
REMOVAL (Specify)						ERY			-		
FUNERAL DIRECTOR	S SIGNATURE PUMPERBY,	INC.	ADDRESS			240. REC"					
	b. CITY OR TOWN (IF RURAL and give ne SILVER  d. NAME OF HOSPIT OR INSTITUTION  NAME OF DECEASED (Type or print)  SEX  D. USUAL OCCUPATIC during most of work that the second most of the second most o	b. CITY OR TOWN (If outside carporate limit RURAL and give nearest lown)  SILVER SPRING  d. NAME OF HOSPITAL (If not in hospital, gor Institution 13,004 F1.  NAME OF DECEASED (Type or print)  SEX 6. COLOR OR RACE  D. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) and the during most of working life, even if retired none  FATHER'S NAME  EUGENE M. BAUSCH  WAS DECEASED EVER IN U. S. ARMED FOR M. D. SUMMANOWN)  18. CAUSE OF DEATH [Enter only one compart in the course of the course of the course of the course of the course (o), stoting the underlying course lost.  PART II. OTHER SIGNIFICANT CON CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest lown) SILVER SPRING  d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 13,004 Flack S  NAME OF ECCASED (Type or print)  SEX  6. COLOR OR RACE  7. MARR WIDOWE  3. USUAL OCCUPATION (Give kind of work done)  4. OUT OF THE COLOR OF THE CO	D. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest fown)  SILVER SPRING  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  13,004 Flack Street  NAME OF DECEASED (Type or print)  SEX    S. COLOR OR RACE   7. MARRIED   NEVER MARRIED	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fown)  SILVER SPRING  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  13,004 Flack Street  MARRY JEANNE  SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED  10. USUAL OCCUPATION (Give kind of work down down most of working life, even if retired) during most of working life, even if retired)  NONE  FATHER'S NAME EUGENE M. BAUSCH  WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. [17. INFOI NONE  18. CAUSE OF DEATH [Enter only one cause per lime-for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  DUE TO OR CONTRIBUTING TO DEATH BUT NO.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO.  19. m. 19. over and the deceased fram of work in of work of wo	D. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest lown)  SILVER SPRING  D. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest lown)  SILVER SPRING  D. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest lown)  SILVER SPRING  D. SIRVER SPRING  D. SIRVER SPRING  D. MAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  D. OUS OF PARTILL (If not in hospital, give street address)  OR ON TOWN (If you have a considered and service)  D. USUAL OCCUPATION (Give kind of work done life. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPU MIDOWED DIVORCED 10/24/47  D. USUAL OCCUPATION (Give kind of work done life. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPU MIDOWED DIVORCED NOT BUSINESS OR INDUSTRY 11. BIRTHPU MIDOWED NOT BUSINESS OR INDUSTRY 11. BIRTHPU MIDOWED NOT BUSINESS OR INDUSTRY 11. BIRTHPU MAS CAUSED BY:  INDUSTRY 11. DEATH WAS CAUSED BY:  INMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stoding the understand to cause (b), stoding the understand to cause (a), stoding the understand to make the understand to the unde	D. CUIV OR TOWN If ouriside corporate limits, write RURAL ONG give necretal way of the process o	D. CITY ON TOWN (If out ide corporate limits, write RURAL and give neorest lown) STLVER SPRING OR INSTITUTION STLVER SPRING OR INSTITUTION 18, 004 Flack Street  NAME OF OF ORDITAL (If not in hospitol, give street addres) OR INSTITUTION 18, 004 Flack Street  NAME OF OF ORDITAL (If not in hospitol, give street addres) OR INSTITUTION 18, 004 Flack Street  NAME OF OF ORDITAL (If not in hospitol, give street addres) OR INSTITUTION 18, 004 Flack Street  NAME OF OF ORDITAL (If not in hospitol, give street addres) OR INSTITUTION 18, 004 Flack Street  NAME OF OF ORDITAL (If not in hospitol, give street addres) OR INSTITUTION 18, 004 Flack Street  NAME OF OF ORDITAL (If not in hospitol, give street addres) OR INSTITUTION 18, 004 Flack Street  NAME OF OR INTITUTION 19, 004 Flack Street  NAME OF ORDITAL (If not in hospitol, give street addres) OR INSTITUTION 10, 004 Flack Street  NAME OF ORDITAL (If not in hospitol, give street addres) OR INSTITUTION 10, 004 Flack Street  NAME OF ORDITAL (If not in hospitol, give street addres) OR INSTITUTION 10, 004 Flack Street  NAME OF ORDITAL (If not in hospitol, give street addres) OR INSTITUTION 11, 004 Flack Street  NAME OF ORDITAL (If not in hospitol, give street addres) OR ORDITAL (If not in hospitol, give street addres) OR CONTRIBUTION (Give kind of work of oreign company or or ordinal writer) OR CONTRIBUTION (Give kind of work of oreign company or ordinal writer) OR CONTRIBUTION (Give kind of work of oreign company or ordinal writer) OR CONTRIBUTION (Give kind of work of ordital writer) OR CONTRIBUTION (Give kind of work of ordital writer) OR CONTRIBUTION (Give kind of work of ordital writer) OR CONTRIBUTION (Give kind of work of ordital writer) OR CONTRIBUTION (Give kind of work of ordital writer) OR CONTRIBUTION (Give kind of work of ordital writer) OR CONTRIBUTION (Give kind of work of ordital writer) OR CONTRIBUTION (Give kind of work of ordital writer) OR CONTRIBUTION (Give kind of work of ordital writer) OR CONTRIBUTION (Give kind of work of ordital writer) OR CONTRIBUTION	D. 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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be thing by the hospital or ottending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate death. Page 4 may be to functionally be page 3 should be detached for meaning the certificate has been signed by the attending the certificate has been signed by the attending the certificate has been signed by the attending the certificate for meaning the certificate has been signed by the attending the certificate has been signed by the certificate by the certificate has been signed by the certificate by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate by the certificate has been signed by the certifi moy be the fined by the hospitol or ottending physician.

Defunction DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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				Carlotte State of Sta		
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o. COUNTY	Montgomery		MARYLAND	2. USUAL RESIDENCE o. STATE District		b. COUNTY	on: Residence	e before ad	mission)
b. CITY OR T	OWN (If outside corporate lim I give nearest town)	its, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN			URAL and gi	ve nearest	lown)
	hesda		104 Days	Washingto	n				
	HOSPITAL (If not in hospital,	give street odd	ress)	d. STREET ADDRES	S		2 14		RESIDENCE N A FARM?
	nical Center B	ethesda	11. Md.	401 C Str	eet N.W.	4	XI		□ NO 🖾
3. NAME OF DECEASED		rst	Middle	Last	4. DATE	Mon	th	Day	Year
(Type or print	Peggy		Ann	Beavers	OF DEATH	November	•	3	1960
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	5	AGE (In years			NDER 24 HRS.
Female	White	WIDOWED [	DIVORCED [	April 5 194	.0	20 yrs.	Months [	Doys Hou	ers Min.
10a. USUAL OC	CUPATION (Give kind of work of working life, even if retired	done 10b. KIN	D OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (S	tote or foreign cou	untry)	12. CITIZ	EN OF WHA	T COUNTRY?
	etary	Not	employed	Virgi	nia		U	.S.A.	
13. FATHER'S NA				14. MOTHER'S MAIDE					
Rufus	Beavers			Lona Fu	ller				
15. WAS DECEA	SED EVER IN U. S. ARMED FOR		CIAL SECURITY NO. 17.	INFORMANT The Me		anda Addi	ess		
(Yes, no, or unknown	(If yes, give war or dates of	229.		he Clinical			71.	Monral	and
	OF DEATH [Enter only one co	use per line fo	7-7	HE OTTHICST	Genter,	bethesoa		Maryla	BETWEEN
	T I. DEATH WAS CAUSED BY:			atd a amile				ONSET A	ND DEATH
0	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c) Pneumonia and Septicemia  Due to								96K
gove rise	e to immediate stating the under-		lymphocytic	c leukemia				15 mo	nths
PART OLL V U V V V V V V V V V V V V V V V V V	II. OTHER SIGNIFICANT CON	iditions <u>con</u>	TRIBUTING TO DEATH B	JT NOT RELATED TO THE TE	ERMINAL DISEASE	CONDITION GIV	EN IN PART	PE	AS AUTOPSY REFORMED?
	ENT WAS UNDERLYING  BUTING  CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	206. DESCRIB	E HOW INJURY OCCUR	RED. (Enter noture of injury	in Part I ar Part	II of item 18.)			
	FINJURY Month, Doy, Ye	ar 20d. INJU		PLACE OF INJURY (Home,	farm, 20f. (City	or town)	ICe		
M Hour	a. m. p. m.	While of work	1401 WILLIE	foctory, street, office bldg.,	etc.)		,,,,,	ounty)	(Stote)
	10	of work	ot work	foctory, street, office bldg.,	160 , ta N				
21. I certi	fy that (1) (this haspita deceased alive an Nov	ot work [	the deceased from	octory, street, office bldg.,	160_ ,.to_N	ovember	3, 19_6	O, that (	) (we) last
21. I certi	fy that (1) (this haspita deceased alive an Nov	ot work [	the deceased from	octory, street, office bldg.,	160_ ,.to_N	ovember	3, 19_6( d an the	O, that (	) (we) last
21. I certi	fy that (1) (this haspita deceased alive an Nov	ot work []  I) attended ember 3	the deceased from 3.19_60 and that	death accurred at 5	160to N 30PM from t  MED. DIRECTOR  The Clini	ovember he causes an STAFF X PHYS X cal Cent	3. 19.60 d an the	0, that (1 date sta	l) (we) last ted abave. 22b.DATE SIGNED
21. I certi saw the c 22a. SIGNA 22c. PHYSIC NAME	fy that (1) (this haspita deceased alive an MOV TUPE Dincent H  Clan's Vincent H  EMATION, 23b. DATE THEREC	ot work [1] attended ember 3	the deceased from 3.19_60 and that	death accurred at 5  M.D. PHYS. 22  ATTENDING PHYS. 22d. ADDRESS National	160to_N 30PMfrom t  MED. DIRECTOR  The Clini Institu	ovember he causes an	3. 19.60 d on the 11/ er lealth	0, that (I date state) 4/6	l) (we) last ted abave. 22b.DATE SIGNED

the words and been successful. A transfer of the contract of the A Finesch Luke, de., i.d. - Holyand The control of the first of the 

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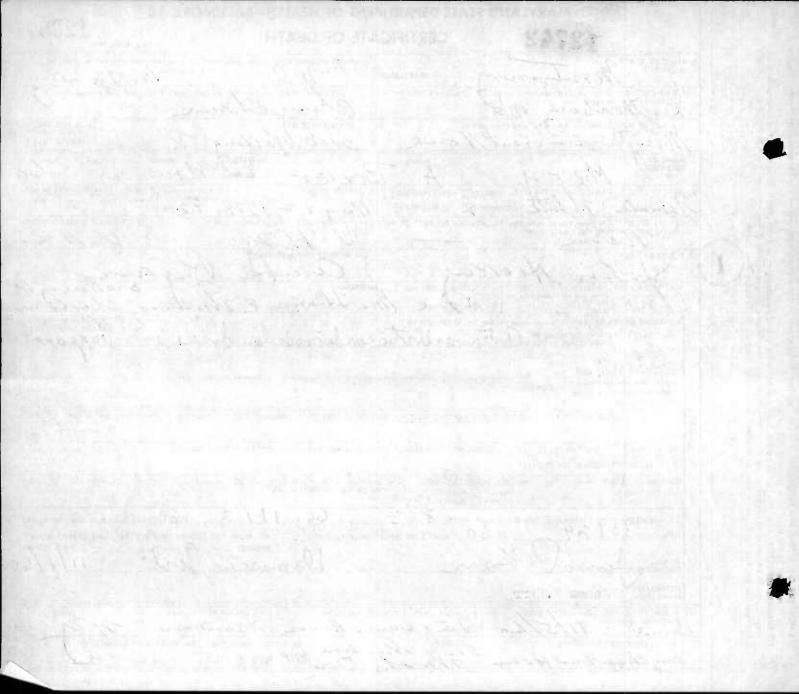
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

£2742

#### **CERTIFICATE OF DEATH**

12657 Reg. Dist. No.

١.	PLACE OF DEATH  O. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  O. STATE  D. COUNTY  MARYLAND
	b) CITY OR TOWN (If outside carporate limits, write the LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  (I)  OR JAPAN  OR
3.	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  NAME OF DEATH  Month Day Year OF DEATH  NAME OF DEATH  Nonth Day Year OF DEATH  19
5.	SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS last brithday)  WIDOWED DIVORCED Min.
10	during most of warking life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11 BIXTHPLACE (State or foreign country)
13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME? Pagan
15 (Y	. WAS OCCEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 3:16 Malling 11 (If yes, give war or dates of service)
	PART I. DEATH WAS CAUSED BY:    DUE TO
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Nat while of work of wo
	21. I certify that I attended the deceased fram. 8 3 , 19 60, to 10 2 , 1900 that I last saw the deceased alive an 10 1 9 60 , and that death accurred at
1	O. BURIAL, CREMATION, 22b. DATE THEREOF 22d NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote)
23.	hungthan had forme Saddress Land Date NOV 4 '60 Onther S. Hours



1.	1. PLACE OF DEATH 2.	USUAL RESIDENCE (Where deceased lived. If institution: Regidence before admission)
	10ntgomery MARYLAND	o. STATE Mo. b. COUNTY Mon Frame
	b. Criy OR TOWN (If autside carporate limits, write c. LENGTA OF STAY IN 1b	c. CITY OR TOWN (If autside carpecate limits, write RURAL and give nearest town)
	RDI Gaithersburg LIFE	X KDI CaithErsburg 1
	d. NAME OF MOSPITAL (If not in hospital, give stree oddress) OR INSTITUTION	d. STREET ADDRESS e. S RESIDENCE ON A FARM?
		(Carthersong, YES NO)
3.	3. NAME OF DECEASED First A Middle	Last 4. DATE Manth Day Year
	(Type or print) ANNIE Elizabeth	BELL OF NOV. 1. 1960
S.	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	remale NGO WIDOWED DIVORCED	ac. 21 1877 St birthdoy) Months Days Haurs Min.
100	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Domestic	Md. W.Sitte
13.		4. MOTHER'S MAIDEN NAME
	unkhown	Farrie Intmas
1S.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. tNFO	RMANT Address PDI
	NO NONE DE	rughter: Minvie Tyler Eaithersbu
	1B. CAUSE OF DEATH [Enter only one couse per ime for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Edema 1 Dry
	TAR DUE TO DUE TO	
	Conditions, if ony, which) (b) Cardiac L	secompensation A 7114.
	gove rise to immediate cause (a), stating the under-	011
	lying cause lost. (c) Coronary	Occhesion Tyrs.
CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
SAI	3 Hrteriosclarosism cerebi	o-vascellar occlusion YES NO P
CERTIF	OR CONTRIBUTING CAUSE OF DEATH	Enter nature of injury in Part I ar Port II af item 1B.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40. PLACE factory While Not while	OF INJURY (Home, form, 20f. (City or tawn) (County) (State)
WE	p. m. 19 at work ot wark	
1	21. 1 certify that (1) (this haspital) attended the deceased from	EG. 1955, 19 ta P1-1
	saw the deceased alive an 10-31 1960, and that deal	th accurred at M, from the causes and on the date stated above.
Н	276. 9GNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	live 6. Jackson, M.D	PHYS. DIRECTOR PHYS.
	22c HYSICIAN'S NAME (Type)	22d. ADDRESS March 1 D / M Mi
	Clive E. Jackson	202 Martin La. Kickerle Mike
23	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CI	
	REMOVAL (Specify) 11/4/60 Brooke Grove	
24	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rockville, Md.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Votet L. Dunvalue	DATE NOV 3 '60 arthur S. Thank

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reflect by the hospital ar attending physician.

TO FUNERAL GIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then phase remave carbon papers. Pages 1 and 2 shauld be Affied with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.

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VR A1S (4) 1SM 9/59

Hil. Menting horacity will (D) Carthersbeig Rain Garthersburg Life PDI Carthenty Applie Elizabeth BELL Nov. 1, 60 Frank Negro V Mar. 21, 1871 83 76.5.4-Mukhoren Farris Thomas None Daughter ; Minnie Tyler Eachneslag No Pulminary Edemin 1 Dury Cardiac Decompensation & yis. Coronard Occhesson type. Arteries cleros son control ou la occhione Dec. 1955 11-1 60 11-1-60 Olive G. Juckery 202 Marku to luck Me 11. A CONTRACTOR OF THE STATE OF TH

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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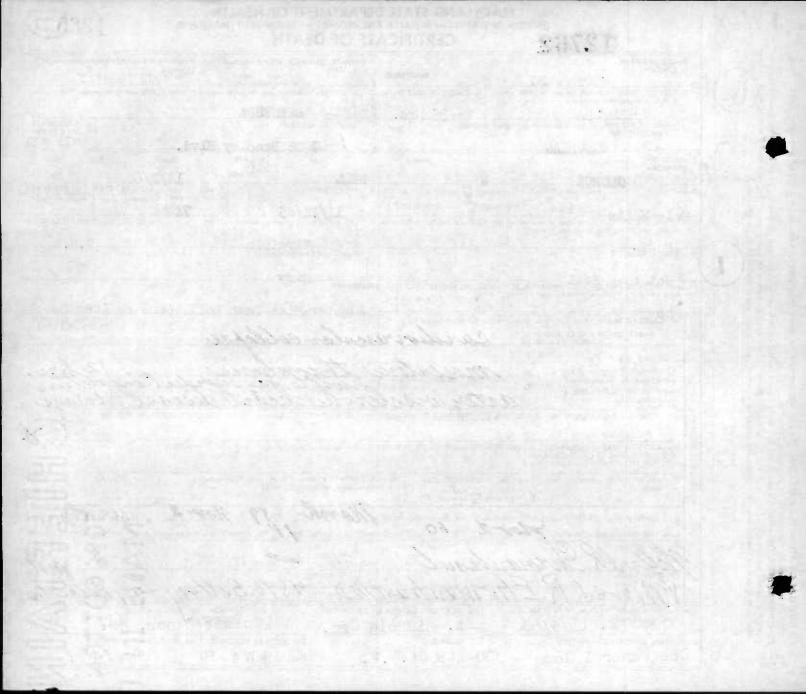
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1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDEN	NCE (Where deceased		on: Residence befo	re odmission)
MONTGOMERY	MARYLAND		ARYLAND	b. COUNTY	MONTGOME	RY
	GTH OF STAY IN 16	c. CITY OR TO	WN (If outside corpo	rote limits, write R	URAL and give nec	arest Iown)
RURAL ond give nearest lown)  BETHESDA	33 hrs.	45	BUTHESDA			
d. NAME OF HOSPITAL (If not in hospital, give street oddress		d. STREET ADD	per pay again in govern against			e. IS RESIDENCE
OR INSTITUTION		1				ON A FARM? YES NO
SUBURBAN		II 470	08 Bradle	Blvd.	1	113   140
B. NAME OF First DECEASED	Middle	Lost	4. DATE	Mon	th Da	y Yeor
(Type or print) GEORGE W		BELL	DEATH	11/	2/60	19
SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	NY DESTRU	9. AGE (In years lost birthdoy)		IF UNDER 24 HRS.
White WIDOWED	DIVORCED	77/7/	105	7/, yrs.	Months Days	Hours Min.
00. USUAL OCCUPATION (Give kind of work done 10b. KIND C	OF BUSINESS OR INDU	STRY 11. BIRTHPLAC	E (State or fareign co	ountry)	12. CITIZEN OF	WHAT COUNTRY?
during most of working life, even if retired)						
3. FATHER NAME			irginia			U.S.A
J. FAIRER & NAME		14. MOTHER'S M.	AIDEN NAME			
Nothen Roll		M:	arv			
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO. 17. II	NFORMANT		Add	ress	
(ii yes, give wat or dates of service)		D la 4 1	62 53	D-17 C-	ma as T+	~ n
18. CAUSE OF DEATH [Enter only one couse per line for (c	a) (b) and (c) la	Daughter		BELL ST	mo as It	ERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	in hans		2.10.1	4.04		SET AND DEATH
IMMEDIATE CAUSE (o)	racova	ocucar	correct			
DUE TO	1	. 117		ph.		
Conditions, if ony, which ) (b)	echeloru	1 three	mosel	1/	1 62	wir.
gove rise to immediate couse (o), stating the under-		1 well	o sony or	prefle	Centon	clieri
lying couse lost.	ywork	Protee)	Keart	decen	00 6	Mayo,
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT	NOT RELATED TO TH	HE TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(o) 1	9. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIED  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  CIFE EITHER, NOTIFY MEDICAL EXAMINER)						PERFORMED?
20- ACCIDENT WAS UNDERLYING ET 201 DESCRIPT U	IOW INTURY OCCURRE	D /F-1 61	i Death and	4 II of II-m 10 \		IES   NO
206. DESCRIBE H	IOW INJURY OCCURRE	D. (Enler notice of II	nory in ron i or ror	i ii oi iieiii io.)		
					TELES!	7.73
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Control of While Not work of work of the control of the contr		ACE OF INJURY (Hordory, street, office bi	me, farm, 20f. (City	or town)	(County)	(Stote)
Hour o.m. While N	ot while	ciory, arrest, office b	iog., eic.)			
	1 16	MAKAGI	. 1057	Mm- 2	10/00	
21. I certify that (I) (this haspital) attended the	10					id (I) (we) last
saw me detected and any	9 and that	death occurred	M, fram	the causes an	d an the date	
220 SIGNATURE 10 (C)	- 4	ATTENIDING	MED	CTAFE		22b. DATE SIGNED
MURINA CARMERETA	rul	M.D. ATTENDING	DIRECTOR [	STAFF PHYS.	700	Jan 1
22c. ATYSICIAN'S	/	22d. ADDRESS	unn n	11	20	me
Weithed K. Envin	(outrou)	MD "	1840 66	ettory	Lare, Et	Thurda
30. BURIAL CREMATION, 1236, DATE THEREOF 23c. 1	NAME OF CEMETERY C	OR CREMATORY	234 LOCA	TION (City, town,	ne county)	(Stote)
DELLOUIS IC IC A	t. Lincol		Coln	200		(3101e)
						0.5
	DDRESS		Sa. REC'D BY REGIST		STRAR'S SIGNATU	
Lee Funeral Home 300-2	th St.N.	1 . D	ATE NOV 4	'60	arthur S. +	haus

the ottending physician and completely filled it the funeral director. Then please remove carbon popers. Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be received by the hospital ar attending physician.

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VR A1S (4) 1SM 9/59



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

40700

	6(0.)	CERTITICA	TIE OF DEATH		
1. PLACE OF DEATH			2. USUAL RESIDENCE (WHO o. STATE	here deceased lived. If institution b. COUNTY	Residence befare admission)
	Montgomery	MARYLAND	Maryl		Montgomery
b. CITY OR TOWN ( RURAL and give no	If outside corporate limits, write		c. CITY OR TOWN (If o	outside corporate limits, write RU	RAL and give nearest town)
	neaton	2 weeks	37 Bethe	esda	
d. NAME OF HOSPIT OR INSTITUTION	TAL (If nat in haspital, give stre	eet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
OK INSTITUTION	Wheaton Nu	rsing Home	8200 Ray	burn Road 110 .	, In a com Not
3. NAME OF	First	Middle	Last	4. DATE Month	Md . Day Year
(Type or print)	Martha	. Anne	Belyea	DEATH NOV	ember 11 160
S. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HR
F	white wind		June 6,1	867   lost birthdoy)   93 yrs.	Months Days Hours Min.
Oo. USUAL OCCUPATION		0b. KIND OF BUSINESS OR INDI			12. CITIZEN OF WHAT COUNTRY
during most of wor	king life, even if retired)		9.00	ine	U. S. A
3. FATHER'S NAME	00 11210		14. MOTHER'S MAIDEN I		
3. PATRICK 3 INAME	Jessie Cro	WSA	Eunice	77	
				* 9	
	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT	Addre	
NO		None I	Florence Tis	dale-daughte	r-same 2d
	ATH [Enter anly one couse pe	r line far (a), (b), and (c).]		. ~ .	INTERVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Artoriosch	Evosis Yen.	eval, 3 ed	10+475,
1 422	DUE TO	.,.,.,,	(1	0	
Canditions, if a	iny, which ) (b)				
gove rise to i	mmediate DUS TO				
lying cause lost.	(c)				
Z PART II. OTI		IS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY
PART II. OTI	Jan Arlanton	doit : co.	Discourse la	· Nicepie & B	PERFORMED?
20g. ACCIDENT W	AS UNDERLYING   20b. [	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 18.)	
OR CONTRIBUTING	G CAUSE OF DEATH	The state of the s			
20c. TIME OF INJUS Hour o. m. p. m.		1	PLACE OF INJURY (Home, form actory, street, office bldg., etc		(County) (State
p. m.	19 Wh	ile Nat while work at work	7,		
21 I certify the	at (I) (this hospital) atte	ended the deceased fram	10-21- 10	60.101-11-	196 C that (I) (we) las
saw the decea	11/11				I on the date stated above
220. SIGNATURE	sed diffe diff	And and mar	deall occorred di ses	m, Irain me causes and	22b. DATE
1, 9	mare hat	the think u	A.D. ATTENDING M. D.	IED. STAFF PHYS.	SIGNE
22c. PHYSICIAN'S	40 -1	7 100	22d. ADDRESS	A 10 0	-TIPE
NAME (Type)	Tames M. Wh	ittock MI	771	7 Caurella	r fatoe fill h
23g. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town, or	county) (State)
Bur-Trans	it 11/15/60	Needham Ce	meterv	Boston, M	assachusetts
24. FUNERAL DIRECTOR	S'S SIGNATURE	ADDRESS			TRAR'S SIGNATURE
Robert A	. Pumphrey	Bethesda, Ma	aryland DATE	115100	
	/	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	101	10'60	of the sale

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be received by the haspital or attending physician.

TO FUNERACCORECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.

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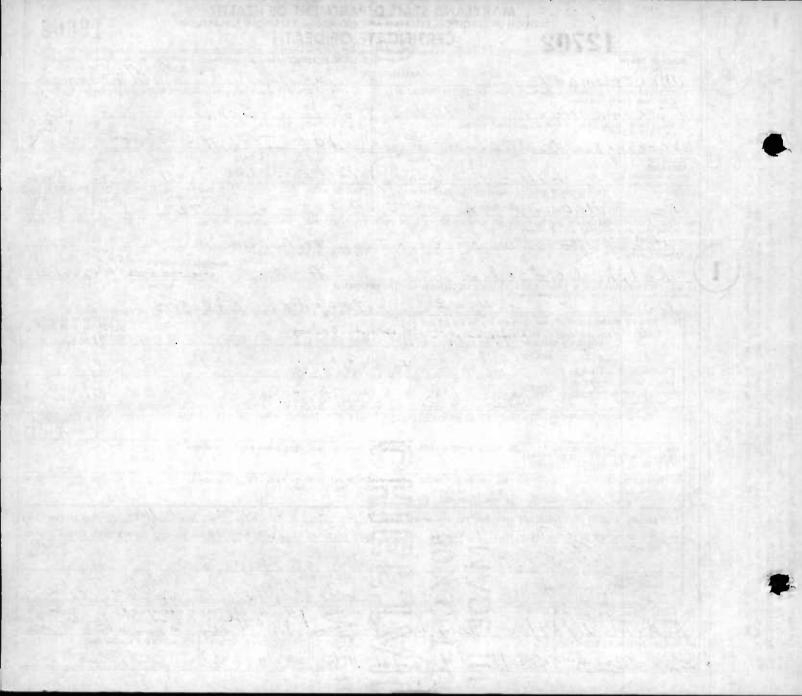
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D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained by the haspital ar attending physician.	FUNERA IRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director.	page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 or 2 shauld be filed with	the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs afterdoath.
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1		MARY	LAND	STATE DEPA	RTM	ENT OF H	EALTI	H-BA	LTIM	ORE, 1	8			
		1274#		CERTII	FICA	ATE OF	DEAT	60 e1			Reg. Di	st. No.	126	61
1,	PLACE OF DEATH	/				2. USUAL RESI	DENCE (W	here deceas		If institution	n: Residen	ce befa	re odmis	sion)
-	Mon	momer		MARYI	LAND	Mary					Mon	TAN	9104	1
	b. CITY OR TOWN (I RURAL and give no	If outside corporate limited town)	ils, write	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (IF	autside corp	orate lin	nits, write RL	JRAL and	give nec	prest low	1)
	Kensing	gton,				The same of the sa	-	Chase	•					
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitat, g				d. STREET A							o. 15 RES	IDENCE FARMS
L		Carroll H	all	N. H.		2900	) Ter	race	Dri	ve				NO [3
	NAME OF DECEASED (Type or print) E11	Fir		Middle		los	t.	4. DATE OF DEATH		Mont		Da	•	Year
	SEX			RIED NEVER MARRIE		Bishop  8. DATE OF BIRT		DEATE		Nove	mber	20	IF LINE	160
								2	V. AGI	E (In years birthday) 7 yrs.	Manths	Days	Hours	Min.
	emale	white	WIDOW		Date of	May 24	, 187	3						
1	during most of work	king life, even if refired celegraphe:	dane IUb.	KIND OF BUSINESS OF	K INDUS	Hills	ACE (State DOT,	New ch. C	country) am <i>a c</i>	ła	12. CIT	1	U.S.	COUNTR
13.	FATHER'S NAME	A Parker				14. MOTHER'S							•	
	E. Chip	man Bishoj	)			Su	san I	Cliza						
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT				Addr	ess o m			D
(10	s, no, or unknowny	(If yes, give war or dates of s		10-03-6406		Col. He	rher	+ B	Nich	29	00 T	err	ace	Dr.
	18. CAUSE OF DEA	TH [Enter only one co		ne for (a), (b), and (c).]		COL. III	TUCI	. ولا يا	IVICI	TOTAL	nevy		RVAL BE	
		TH WAS CAUSED BY:		mypean	lier	1 fach	we	3, 5				ONS	Lay	DEATH
	4	DUE TO		1		6			,	1			7	
	Conditions, if a		, (	arterio	SCI	1270515	per	2 rai	12%	6		1/		
	gove rise to i couse (o), stating			41.7					)					
	lying cause lost.	(0	)	1-11-11-11-11-11-11-11-11-11-11-11-11-1										
TION	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	SE CONE	DITION GIVE	N IN PART	1(a) 1	9. WAS PERFO	AUTOPSY RMED?
S		Mypos	tati	c pneun		1715							YES [	NO 🖸
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature a	f injury in	Part I or Po	rt II of i	tem 18.)				
MEDICAL		Y Month, Day, Ye	or 20d. 1	NJURY OCCURRED	20e. PL/	ACE OF INJURY (	Hame, farm	n, 20f. (Cit	y or tow	m)	(0	ounty)		(State)
AED.	Hour a. fr. p. m.	19	While at wor	Not while	foc	tory, street, office	bldg., etc	-)						
1		at I attended the			Ma	10 64	/ .	-71	10191	7	.1			
	alive on	Office 17	deceds		LAZZ	Hu. 19.54	0 50			7, 1960				
П	dilve on	1	192	and that	death	occurred at	7			causes ar		ne dat		ed abav ATE SIGNI
	ACTUAL SIGNATURE	alfred,	5. 1	lorton		м.D. 4'	7/1 H	156/4	y d	ALC	Bet	reidy	My L	11/201
L	PHYSICIAN'S NAME (Type)													
220	BURIAL, CREMATIO	N, 226. DATE THEREC	)F	22c. NAME OF CEME	TERY O	R CREMATORY		22d. LOCA	TION IC	ity, town, o	county)		(Stot	e)
t ra	REMOVAL (Specify)	on11-22-6		St. Hame						ge, M			(3101	-1
	FUNERAL DIRECTOR		Inc	ADDRESS			24a. REC"	D BY REGIS	TRAR	24b. REGIS	TRAR'S SIG	NATUR	E	
T	es Funer	al Home	Inc.	Arlington,	Vir	ginia	DATE	NOV 2 3	'60	0	J. Lun &	P. FErs	wil	

VR A1S (4) 1SM 9/59

- 1		161176	tem 6 Finds/5	T1=22=50 et		
1	1. PLACE OF DE	ATH				tion: Residence before admission)
Н	o. COUNTY	TG-omeRy	MARYLAND	maryla	b. COUNT	M-Tanaga
	b. CITY OR TO	OWN (If autside carporate limits, w	rite c. LENGTH OF STAY IN 1b		outside corporate limits, write	RURAL and give nearest tawn)
1		give neorest town)	111	001		
		oma Park	16 hrs.	Silver	DARING	
	d. NAME OF OR INSTITU	HOSPITAL (If not in hospital, give st	treet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
H	Work	126 Taul Sous Ta	Was & Nosp.	4004 I	30 holl 5T	REET YES NOW
4	3. NAME OF	First	Middle	Last	4. DATE M	onth Day Yeor
1	DECEASED (Type or print	/		101	OF DEATH	
		~////5	2 NMN	Blaser		/ /5 1960
	S. SEX	6. COLOR OF SACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthdoy)	Manths Days Hours Min.
	re	Hebrew WID	OOWED DIVORCED	7-13-	88 724	7.00.0
	10a. USUAL OCC	UPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	11	of working life, even if retired)		-	1 . 1	Amer
1		sewije		14. MOTHER'S MAIDEN N	land	HMERS
1	3. FATHER'S NA	in a second		14. MOTHER S MAIDEN N	NAME	
	1 Ka	loh voldse	ller	Amel	la Clark	MORITZ
1		SED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	IFORMANT	Ac	ddress
	(Yes, no. or unknown	(If yes, give war or dates of service)	NONE	HOSOITAL	Parara	le
	Tio Chief	OF DELEVISION OF THE PARTY OF T		The following	TE COTA	INTERVAL BETWEEN
	F. J. 1294	OF DEATH Enter only one cause p	per line far (a), (b), and (c).	0 1 + 1		ONSET AND DEATH
	PARI	I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Myocardial.	Jufareller	6	hours
	4	DUE TO	1	1		
	Condition	ns, if ony, which )	oronary Thr	my bodies		80171
и		to immediate	o come ay serve	o rice o coc		1001000
2		stoting the under-	1 0	t f	0,	yerrs
4	lying cous	/ (0/32)	rome congle	use mayo	auc.	
	PART	II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION G	GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
Н	NO PART					YES NO
	E 20a. ACCIDI	ENT WAS UNDERLYING [ 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	1
	OR CONTRI	BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)				
			OL MULINY OCCUPATION 200 PL	ACE OF INJURY (Home, form	206 (City on town)	(County) (State)
	20c. TIME OI Hour	a. m.		ctory, street, office bldg., etc		(County) (Stote)
	A.		t work ot work			
	21 L carti	fy that (I) (this haspital) at	tended the deceased from	May 3 19	60 to novemb	41960, that (1) (we) last
		72 02	111	1- 5	77	
		deceased alive an ILQU	IY_O, and that o	leath loccurred at IE-E	am, from the causes of	and an the date stated above.
22a. SIGNATURE ATTENDING MED. STAFF						
		MINOGU	2 2 5	M.D. PHYS.	IRECTOR PHYS.	
	22c. PHYSIC NAME		11 Janest	22d. ADDRESS	0.0	1.1.
H		AND-ITH MM	WINT	921000	shing My.	were spring
	23a. BURIAL, CR	EMATION, 23b. DATE THEREOF	23c. NAME OF GEMETERY O	R CREMATORY	23d. LOCATION (City, fowr	n, or (Stote)
	SEMOVAL (		1	200 00	7 00	11 0 24
	130K1	AL 11/1-1/60	Hung dand	men + /h	Jakes 6	fund Ca
	24. FUNERAL DI	RECTOR'S SIGNATURE	ADORESS '	250. REC'	D BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
17	Dald	hory Facorely	Home 4217-951	· H. W. DATE NI	OV 17'60	edilma S. Thank



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12764

#### **CERTIFICATE OF DEATH**

4	1	2	6	6	3
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-d.	- COL				Keg. Dist. No.
o. COUNTY	tgomery	MARYLAND	2. USUAL RESIDENCE (WI o. STATE	here deceased lived. If institution b. COUNTY	n: Residence before admission)
	(If outside corporate limits, write nearest town)	c, LENGTH OF STAY IN 16		outside corporate limits, write RU	RAL and give nearest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give stree	et oddress)	d. STREET ADDRESS	r Street, NW	e. IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	First NET.L.T.E.	Middle	Last ON <b>WIT</b>	4. DATE Month OF DEATH NOVEMBER	- 1
S. SEX	an qualification duri		8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 H
Female	White WIDO	WED DIVORCED	June 23, 188	lost birthdoy) 78 yrs.	Months Doys Hours Min
during most of we Housewi	orking life, even if retired)	b. KIND OF BUSINESS OR INDU:	Washington		USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN	*	
Amman Dah	nond		Sarah Behr	rend	
Amnon Beh	PERIO V. S. ARMED FORCES?	6 SOCIAL SECURITY NO.   1	NFORMANT	Addre	155
(Yes, no, or unknown)	(If yes, give war or dates of service)			omberg-3173 Port	
No	EATH [Enter only one couse per		s. Eugar Stre	Wither 8-7117 Lord	INTERVAL SETWEE
Conditions, if gove rise to couse (o), stoting lying couse lost  PART II. O	tim mediote g the <u>under.</u> DUE TO	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM		PERFORMED
20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	IG CAUSE OF DEATH		ACE OF INJURY (Home, form	n, 20f. (City or town)	YES NO
W 20c. TIME OF INJU Hour o.m.	. Whi	le Not while for	ctory, street, office bldg., etc	:-)	
actual SIGNATURE	that I attended the deceded of 26 19	60 , and that death	10 ()	Mov 2 , 1960, t M, fram the causes and ADDRESS (Street, city or town, s Cull 28 A	d on the date stated abo
220. BURIAL, CREMATI REMOVAL (Specif Burial	ION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or Washington,	
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		D 8Y REGISTRAR 24b. REGIST	TRAR'S SIGNATURE

the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haufy affer death. TO HOSPITALLOR ATTENDING PHISICIALS.

may be recorded by the hospital ar attending physician.

TO FUNERALL RECTOR: After this certificate has been signed by name 3 shauld be detached far use as the burial-transit permit. VS A15 (4) 15M 9/58

after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

director

and 2 shauld be filed funeral

the attending physician and campletely filled in Then please remave carban papers. Pages 1 an

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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TO HOSPITALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after death. Page 4	may be record by the haspital ar attending physician.  TO FUNERAC DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.	
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VR A15 (4) 1SM 9/59

		12/00		CERTIFIC	LAIL	JF DEA	IH		199114		
	COUNTY	Mamery		MARYLAI	0.5	JAL RESIDENCE	Where deced	sed lived. If in		1	e odmission)
1	RURAL and give n	If outside carporate limits	s, write c. LEN	GTH OF STAY IN	5	CITY OR TOWN	Newy	porate limits,	vrite RUKAL and	d give year	rest town)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi	ve street oddress	spilal	d.	FOR 3	ess of	vec.	Alie	- °	IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Edi	vail	Middle A.	B	rand	4. DAT		Manth #/	Day 10	1960
S. 5	M	1 1 5	7. MARRIED T	NEVER MARRIED   DIVORCED [	_	3-20	-79	9. AGE (In last birth		-	Hours Min.
10a	. USUAL OCCUPATI	ON (Give kind of work d king life, even if retired)	lone 10b. KIND C	DE BUSINESS OR II	NDUSTRY 11.	. BIRTHPLACE	(State or foreign	country)	12. C	ITIZEN OF	WHAT COUNTRY?
13.	FATHER'S NAME	aletan	lev:	Brand	14. M	OTHER'S MAI	DENNAME	· He	enn -	Ste	west
	WAS DECEASED EV	ER IN U. S. ARMED FORCE If yes, give war or dates of se		SECURITY NO.	17. INFORMA	llean	B	rand	Address 51.	ster	-20
	18. CAUSE OF DE	ATH [Enter only one cou	use per line for (g	(b), and (c),		7	9	;/ -	17 1		RVAL BETWEEN
	Conditions, if		11	hyore	cong	ils	Jusy	ffin	my	ene	+yr
	gave rise to couse (a), stoting lying cause last.	the under-		provi	ing	an	leur	rele	ins	5	Fyr.
CATION	PART II. OT	Cher Significant Cont	DITIONS CONTRI	BUTING TO DEATH	BUT NOT RE	LATED TO THE	TERMINAL DISE	SE CONDITION	ON GIVEN IN P	ART 1(a) 19	PERFORMED? YES NO
L CERTIF	OR CONTRIBUTING	AS UNDERLYING THE GOLD CAUSE OF DEATH	20b. DESCRIBE H	OW INJURY OCC	JRRED. (Enter	nature of inju	ery in Part I ar	Port II of item	18.)		
MEDICAL	20c. TIME OF INJU Hour a. p. m.	RY Manth Doy, Yea		of while	e. PLACE OF factory, etc	INJURY (Hame eer, affice bld	e, farm, 20f. (( g., etc.)	City or town		(County)	(State)
	21. I certify the	ot (I) (this hospital)	.0 . /	e deceased from 900 and the		occurred of	M, fro	m the caus	es ond on t		ot (1) (ye) last stated obove.
(	220. SICHATURE	Mily	wz	R	M.D. Ph		MED. DIRECTOR	STAFF PHYS.	ein	NO	226. DATE SIGNED
	72c. PHYSICHAN'S NAME-Uxpe	Halli	CHW,	INE	22	Rd. ADDRESS	22	UES	TER	ng	1-UE-
	BURIAL, CREMATIC REMOVAL (Specify Burial	) 1		NAME OF CEMETE		atory		CATION (City,	Town, of county		(State)
-	FUNERAL DIRECTO			DDRESS			REC'D BY REC		REGISTRAR'S		E
	Robert A	. Pumphre	y Beth	nesda, N	Maryla	and DA	TE NOV	1 4 '60	Che	hun & 7	trans

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VR A1S (4) 1SM 9/59

MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH

CERTIFICATE OF DEATH 12766

12665

1. PLACE OF DEATH a. COUNTY Montgomery			MARYLAND	a. STAT		here deceased live	b. COUNTY Arling		before admis	ssian)
b. CITY OR TOWN (If RURAL and give no	autside carporate limi arest tawn)	ts, write	c. LENGTH OF STAY IN 16			autside carporate l	imits, write RU	RAL and giv	re nearest tow	(n)
Bethesda	Rural)	ive street	2 days		ington EET ADDRESS				15.05	SIDENCE
OR INSTITUTION	l Hospital		uuuressj			ah Stree	t		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fir Dia		Middle Lyman	BR	Lost	4. DATE OF DEATH	Month		Day 22	Year 19 60
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF	BIRTH	9. A			YEAR IF UND	1
Female	Caucasian	WIDOWI	ED DIVORCED	11-	20-60	10	st birthday) yrs.	Manths D	ays Hours	Min.
10a. USUAL OCCUPATION (Give kind af work dane during most of working life, even if retired)					Maryla	and the same of th	)		S.A.	COUNTRY?
13. FATHER'S NAME				14. MOTI	HER'S MAIDEN	NAME				-15-
George E. I	BRANDT, JR.			Ai	leen AL	LEN				
IS. WAS DECEASED EVER			SOCIAL SECURITY NO. 17.	INFORMANT			Addre	55		
(Yes, no. or unknown) (	If yes, give wor or dates of s	ervice)	None (	F) Geo.	E. Bra	ndt. Jr.	. same	as #2	above	
Canditions, if or gave rise to in cause (a), stating t lying cause last.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	he under DUE TO  (c  ER SIGNIFICANT CON	) DITIONS (	CONTRIBUTING TO DEATH B					N IN PART	PERF	AUTOPSY ORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)									
Y 20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Ye	20d. II While at war	Nat while		URY (Hame, farn affice bldg., etc		own)	(Co	ounty)	(State)
21 I certify that saw the decease		) attend v . 2	ded the deceased fran 219_60 , and that	Nov.	20 3:5	5AM 5AM Trom the	causes and	, 19 <u>60</u> I an the	_, that 汎) date state	(we) last d abave.
22a. SIGNATURE	Robert	7.	Kack	M.D. ATTEN	NDING M	NED. ST	AFF HYS. 🔯		11-2	26. DATE SIGNED 2-60
22c. PHYSICIAN'S NAME (Type)	Robert V.	RACI	K, LT, MC, US		S. Nav	al Hospi	tal, Be	thesd	a, Md.	
23a. BURIAL, CREMATION REMOYAL (Specify) Burial	11-25-6		23c. NAME OF CEMETERY Arlington		1		(City, tawn, ar		(Sto	ate)
24. FUNERAL DIRECTOR'S	1- Dama	aldH	MADDRESS Ome, Bethesda	, Md.	25a. REG DATE	HON TESISTEMS	25b. REGIST	TRAR'S SIGN	TELAULA .	

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TIG	OFUNERAZ SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shifte State Board of Health prior to burial, cremation, ar remaval, and many event, within 72 hours after death.
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TO HOSPITALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 second death broad has the heavile or attending physician.	page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be this permit permit. Then please remave carban papers. Pages 1 and 2 shauld be thing with the State Board of Health priar to burial, cremation, ar remaval, and many event within 72 hours after death.

NAME OF BEATU			1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D :1 - 1 - 1 - 1 - 1 - 1 - 1
1. PLACE OF DEATH D. COUNTY	b. COUNTY			
rontgomery	MARYLAN	Mary		riontgomery
<ul> <li>b. CITY OR TOWN (If autside carporote limits, wind RURAL and give nearest town)</li> </ul>		c. CITY OR TOWN (If a	utside carporate limits, write RU	IKAL and give nearest town)
<u> </u>	D.U.A.	35 Kockville	SAN ELEMENT	
<ul> <li>d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION</li> </ul>	treet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
suburban nospita	1	4205 indeper	ndence street	YES NO
3. NAME OF First DECEASED (Type or print) Wellin	gton vicero	lost brannon	4. DATE Month OF DEATH INOVEN	
	MARRIED KNEVER MARRIED		9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR
	DOWED DIVORCED		last birthday)	Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during mast af working life, even if retired)	106. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY
_andscape artist-retir	ed Co.	bouth care	olina	U.D.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
James Albert Bra	nnon	nattie	L. Gilbert	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)		, INFORMANT (Son-in-	-law) Addre	ess
IV O	none	J.U. Deaton	As at	oove
18. CAUSE OF DEATH [Enter only one cause p			4.3	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	The	1-1 :0	7.3	ONSET AND DEATH
IMMEDIATE CAUSE (o)	Mysers	sor many	Jegon	Teng-en of
DUE TO	1. The endo	110.	+ diana	is 1
Canditians, if ony, which (b)	Theres	nere pean	Contractor	OUNTERNO
cause (a), stating the under-				
lying cause last. ) (c)				
PART II. OTHER SIGNIFICANT CONDUTE  PART III. OTHER CONDUTE  PART III.	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in f	Port I ar Port II af item 18.)	
3 20c. TIME OF INJURY Manth, Day, Year 2	od. INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, farm		(Caunty) (State
	Vhile, Nat while	foctory, street, affice bldg., etc.	.)	
		3 17 1-9	11-71	/0.
21. I certify that (I) (this haspital) at	4 4	* *		, 19_62, that (I) (we) las
saw the deceased alive an	1960, and the	it death accurred at 24	M, fram the causes and	d an the date stated above
220. SIGNATURE	~	M.D. PHYS. ME	ED. STAFF RECTOR PHYS.	11-21-60 226. DATE SIGNE
22c. PHYSICIAN'S NAME (Type) Nav ris Pe	rry	22d. ADDRESS 11,602 G	erraia AVe	silver Spring 12
220 BURIAL CREMATION 225 DATE THEREOF	UZ3c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, tawn, o	r county) (Slote)
BURIAL (Specify) 11/23/60		EMETERY	MONTGOMERY C	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'I	A	TRAR'S SIGNATURE
KALIMANA IL JUSE	SILVER SPR	ING, MD.	AL O O ROO	hun S. Kraus

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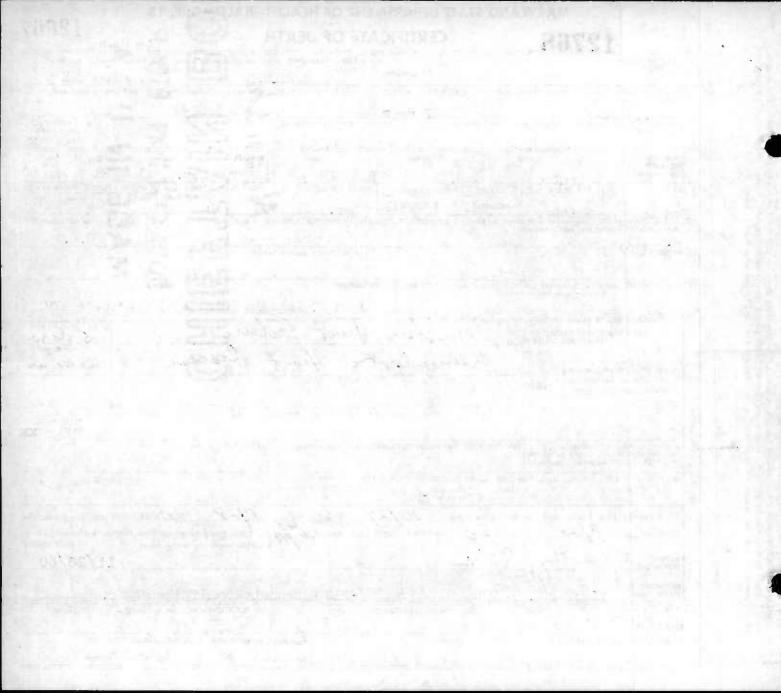
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VS A15 (4) 15M 9/58

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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40000 CERTIFICATE OF DEATH 12667

	12/00	G=R11116		OI DEATH			Reg. Dist. N	lo.	
1.	PLACE OF DEATH		2. L	SUAL RESIDENCE (Who	ere deceased	d lived. If institution	on: Residence be	fore admis	ssion)
	MONTGOMERY	MARYLAND	0	MARYL	AND	b. COUNTY	MONTG	OMERY	
1	. CITY OR TOWN (If outside corporate limits, wi	rite c. LENGTH OF STAY IN 16	-	. CITY OR TOWN (If or		rate limits, write R	URAL and give r	nearest tow	/n)
	RURAL ond give nearest tawn)		13	()					
	BETHESDA  3. NAME OF HOSPITAL (If not in hospital, give st	treet address) 32 days		d. STREET ADDRESS	LIVER	SPRING		I IC DE	SIDENCE
	OR INSTITUTION	11001 0001033)		u. STREET ADDRESS				ON	A FARM?
	SUBURBAN			10815 Jew	ett S	St.		YES	
3.	NAME OF First	Middle		Last	4. DATE OF	Mon	ith I	Day	Year
	Type or print)	М.	BRE	INNAN	DEATH	Nov.	23	8	19 60
5. 5		MARRIED NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA	AR IF UND	ER 24 HRS
	win	OOWED T DIVORCED	-	ec. 18 189	nd	lost birthday) 61 yrs.	Months Day:	Haurs	Min.
100	USUAL OCCUPATION (Give kind of work done		LISTRY	11 RIPTHPLACE (State (	or foreign of	O'T \\	12. CITIZEN	OF WHAT	COUNTRY
	during most af warking life, even if retired)	TOD. KIND OF DOSINESS ON ME	OSIKI	II. DIKITI DEL (SIGIO	or toreign co	50tm / /	Ta. Citizeia		
_	Housevife			Penns		a		U.S.	A
3.	FATHER'S NAME		14.	MOTHER'S MAIDEN N	AME				
	T.TND	ERMITH		?					
	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFOR	MANT	1	Addi	ress		
1101	. no, or unknown) (If yes, give wor or dates of service)		т.	las T Chan	230 (0	Frandson)	Same a	e sho	N. O. T.
-	NO CALICE OF DEATH IS	i 63 (-) (b) 1 (-) 1 -		hn J. Shan	als (	Frauoson)			
Н	<ol> <li>CAUSE OF DEATH [Enter only one cause part I. DEATH WAS CAUSED BY:</li> </ol>	per line of (a), (b), and (c).	11	ext fa.	luna			NSET AND	
	IMMEDIATE CAUSE (a)	congestin	T	ear par	we ce			50	ays
	DUE TO	1.11.0	v.	11.	10	1211		. 1	0
	Canditions, if any, which ) (b)	Arthroseless	7	Heart	N	mase		unk	rown
	gave rise to immediate								
Ш	Luise (o), storing the under-								
z	, (0)	ONE CONTRIBUTING TO DEATH B	IT NOT	DELATED TO THE TERMIN	IAL DICEACE	COMPITION	(C)   15   D A DT 3/-1	120 14/45	ALITORCY
N C	PART II. OTHER SIGNIFICANT CONDITIO	DNS CONTRIBUTING TO DEATH BI	UI NOI	KETALED TO THE LEKWIL	ANT DISENSI	E CONDITION GIV	EN IN PART I(0)	PERFO	ORMED?
5								YES [	NO
CERTIF	200. ACCIDENT WAS UNDERLYING [] 20b. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (En	ter noture of injury in P	art 1 or Port	t    of item 18.)			
Y	20c. TIME OF INJURY Month, Day, Year 20	0d. INJURY OCCURRED 20e.	PLACE C	F INJURY (Home, farm,	20f. (City	or town)	(Count	v)	(Stote
MEDICAL	Hour a.m.	Vhile Not while	factory,	street, affice bldg., etc.	)		(000	"	(0.0.0
Z	p. m. 19 of	t work ot work			1				
	21. I certify that I attended the dec	ceased from 10/2	27_	, 1960, to un.	11/2	8 1900	that I last so	aw the d	decease
	alive on /1/28 n	19 6 p , and that dea	th acc	urred at 62 am	M fram	the causes an			
Н				F//		reet, city or town,			TE SIGNE
	ACTUAL & Mustin 1.	1ly					11	/20	160
3	SIGNATURE	7,0 - 7,0	_ M.D.					1/20/	00
	PHYSICIAN'S NAME (Type) TTMOTHY T TE	HAN	_ 8	3218 Wiscon	sin A	ve. Bethe	esda Md.		
20	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CRE			TION (City, town,		(Sto	ote)
	Burial 12/1/60	Calvary	Cer	netery	Gal	tsville	, Pa		
3.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A		240. REC'D	8Y REGIST		STRAR'S SIGNAT		
7	Sobert le tunekk	rey Bethesda	/	Kel. DATE DE	6 '6	0 an	Thur S. The	MA	
7	Robert a tuneph	rey Betherda	7	2000					



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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 12668 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY MARYLAND b. CITY OR TOWN (If outside copporate limits, write c. LENGTH OF STAY IN 16 ide corporate limits write RURAL and give negrest town), RURAL and give negrest towk d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? 92h Upshur Street YES NO 4. DATE OF DEATH NAME OF Middle Yeor DECEASED (Type or print) 19 6 0 S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Doys Hours WIDOWED -DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) U.J. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCKE SECURITY NO 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INJERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 20 IMMEDIATE CAUSE (o) **DUE TO** teriosclerosis Conditions, if ony, which gave rise to immediate DUE TO cause (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED? YES NO IN 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL

20c. TIME OF INJURY Dov. Year Hour a.m.

p. m.

20d. INJURY OCCURRED While Nat while of work of work 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, affice bldg., etc.)

(County) (Stote)

21. I certify that (I) (this haspital) attended the deceased fram Nov 19 60 that (1) (we) last 1960, and that death accurred at MM, fram the causes and an the date stated above saw the deceased alive on No V &

22a. SIQN TURE 22c. PHTSICIAN'S

uria

NAME (Type)

ATTENDING PHYS. M.D. 22d. ADDRESS

STAFF PHYS. DIRECTOR -

(Stote)

George Sharpe 23a. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY

Rock Creek Gemetery

23d. LOCATION (City, town, or county)

Washington, 25b. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR'S SIGNATURE

2901 149 Mss St. N.W. Washington 9. D.C. 25g. REC'D BY REGISTRAR DATE

Cirthur S. Hraus

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FUNERA 3 page 3 the Stat

5 L. P. C. , not not from the last to the last to THE PROPERTY OF LABOUR CO. LONG. THE PARTY OF TO THE RESERVE OF THE PROPERTY A they was Market with P. F.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, TO

	12770	CERTIFIC	ATE OF DEATH	Re	g. Dist. No. 200	
1.	PLACE OF DEATH o. COUNTY Mont smery	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	b. COUNTY	Residence befare admission	)
	b. CITY OR TOWN (If outside corporate limits, white c. LENG RURAL and give nearest town)	TH OF STAY IN 16	c. CITY OR TOWN (I) autside care	porate limits, write RURA	L and give nearest town)	-
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  Suburbase		d. STREET ADDRESS 65/Hamps	ton St.	e. IS RESIDE ON A FA YES N	ARM?
3.	NAME OF DECEASED (Type or print)	Middle	Broggen 4, DATE OF DEAT	3 4	Day Yea /2 19	1
5.	6. COLOR OF RACE 7. MARRIED N N	DIVORCED	8. DATE OF BIRTH  12 - 30-1412		UNDER 1 YEAR IF UNDER 2 2011hs Days Hours	24 HRS. Min.
100	u. USUAL OCCUPATION (Give kind of work done 10b KIND OF during most of working life, even if retired)	BUSINESS OR INDI	USTRY 11. 8IRTHPLACE (State or fareign	country	12. CITIZEN OF WHAT COU	JNTRY?
13.	FATHER'S NAME Charles Brond an	)	14. MOTHER'S MAIDEN NAME	- Bratt		
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 6. SOCIAL SI	ECURITY NO.	Litiety (wife)	1344 D S	the	
	18. CAUSE OF DEATH [Enter only one cause per line for (o), PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	(b), and (c).]	ieumonia.	bilz Len	INTERVAL BETWO	VEEN EATH
	Canditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  DUE TO  (b)  COLUMN 10  DUE TO  (c)	ingit Rigi	d'hung ger	ic Care	www	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH 8U	JT NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN	IN PART 1(a) 19. WAS AUT PERFORM YES N	ED?
CERTIFI	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURR	RED. (Enter nature of injury in Part I or Pa	art II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a. m. While Not at wark at at w	while fe	PLACE OF INJURY (Home, form, actary, street, affice bldg., etc.)	ity ar tawn)	(County)	(Stote)
	21. I certify that I attended the deceased from alive on 12 1966,  ACTUAL SIGNATURE SUCCESSION'S NAME (Type)				of I lost sow the decontrel of the dote stoted of the dote stoted of the dote stoted of the dote of th	bove.
220	DEBURIAL, CREMATION, 226. DATE THEREOF. 22c. NA PERMOVAL (Specify) 11-17-60	ME OF CEMETERY	OR CREMATORY 22d. LOC	ATION (City, tawn, ar co	ounty) (State)	
23.	FUNERAL DIRECTOR'S SIGNATURE ADD	PRESS Rock	Eucle, md 240. REC'D BY REGI	100	R'S SIGNATURE	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has be ready by the hospital ar attending physician.

TO FUNERAX DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 of the registrar prior to burial, cremation, ar remaval, and in any event within 72 hauss after death. VS A15 (4) 15M 9/58

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VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH 27 PHISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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3	-	8 2	-	1111

a. COUNTY	_	AA ABVI AAIR	2. USUAL RESIDENCE (W		institution: Residence	te befare admission)
110	ntgomercy	MARYLAND	Mdi			gomery
b. CITY OR TOWN	N (If autyde carporate limits, write e nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate limits,	write RURAL and g	nearest tawn)
-T- V	11-11	4 days	Takoma	Park		>
d. NAME OF HOS	SPITAL (If nat in haspital, give stre		d. STREET ADDRESS	1411		e. IS RESIDENCE
			7:011	11 1	11.10	ON A FARM?
Washin	igton sau 4	Hospital	1124	Maple	AVEI	YES NO Z
NAME OF DECEASED	First	V Middle	Last	4. DATE	Manth	Day Year
(Type ar print)	Lenor	-e (NMN.	1 Bralle	OF DEATH	NOIL.	2 1960
. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (II	n years IF UNDER	TYEAR IF UNDER 24 HRS
F		WED DIVORCED	3-29-8	5. last birt		Days Haurs Min.
TISHAL OCCUPA	VV 1		0	10	yrs.	75
during most of w	ATION (Give kind af wark dane 10 varking life, eyen if retired)	B. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State	ar tareign country	12. CITI	ZEN OF WHAT COUNTRY
House	wite		Michi	gan	U	15, A
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Tob	Haus	11	Mari	1 Dad	00	
5. WAS DECEASED	EVER IN U. S. ARMED FORCES?	SOCIAL SECURITY NO. 17.	INFORMANT	Luga	Address	
(Yes, no. or (unknown)	(If yes, give war or dates of service)	G SOCIAL SECURITI NO. 17.	1/ 5 //	0 1	7.00.033	
110			VID, HOSP.	Records	-	
18. CAUSE OF I	DEATH [Enter anly ane cause per	line far (a), (b), and (c).]	/			INTERVAL SETWEEN
PART I. I	DEATH WAS CAUSED BY:	Convertin	Le Sail	1105		ONSET AND DEATH
110	IMMEDIATE CAUSE (a)	College of the	- Comment			all Krister
44	DUE TO	120		1		50
Canditians, i		Fronch	soprece bullon	uce.		J days
gave rise to cause (a), stati						
lying cause la						
Z PART II.	OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CONDIT	ION GIVEN IN PART	( )(a) 19. WAS AUTOPSY
PART II.		/ 1	-	. P	A CONTENT IN TAKE	PERFORMED?
Dial	mas matic	ucruna,	tracine	of Jun		YES NO
20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING [ 20b. D	DESCRIBE HOW INJURY/OCCURR	ED. (Enter nature of injury in	Part I or Part II of item	18.)	
	IFY MEDICAL EXAMINER)					
20c. TIME OF IN.	JURY Manth, Day, Year 20d	I. INJURY OCCURRED 20e. P	LACE OF INJURY (Hame, fare	m, 20f. (City or town)	10	County) (State
Haur a. i	m. 10 Wh	ile Nat while	actary, street, affice bldg., etc	c.)		
p. 1	m. 19 at v	work at wark				
21. I certify	that (I) (this hospital) atte	ended the deceased fram	UCT /7 19	60. 10 NOV	2 196	a, that (1) (we) las
	eased alive an Nov	, ,	death accurred at 255			
22a. SIGNATURE		The state of the s	deall dicorred divers	givi, irain the cau.	ses and an me	22b. DATE
	1 1		ATTENDING . N	AED. STAFF		III SIGNE
200	beeco hu	ar-		DIRECTOR PHYS.		11/2/60
22c. PHYSICIAN' NAME (Type		3 -	22d. ADDRESS	. 01	1 - 1:1	2 0 4
	EINO 19	HG/	718 60	14 V: 13/val	.E. Sile	er Spring, Me
3a. BURIAL, CREMA	TION, 23b. DATE THEREOF	23 NAME OF CEMETERY	OR CREMATORY	23d, LOCATION (City,	town or county)	(State)
REMOVAL (Spec		Maly Com	11611	10201-	M	- Es a a co
Burin	100.01100	wayy cen	wuy	~ wayy	1/00	rogan
JUNERAL DIRECT	OR'S SIGNATURE	254 Carral	o SA. M. W 250. REC		Sb. REGISTRAR'S SIC	
T. Chemu	Halles Ry DA	y Washington	12. D.C. DATE	40V 4 '6W	Commit 2	
		· · · · · · · · · · · · · · · · · · ·	100			

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e. IS RESIDENCE

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PERFORMED? YES T NO

(Stote)

22b. DATE 15-60

(Stote)

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DATE

ON A FARM?

YES NO A

Year

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haves after death. Page 4	may be record by the haspital ar attending physician.  TO FUNERAL STRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director.  TO FUNERAL STRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director.  The page 3 shauld be detached far use as the burial-transit permit. Then please remave gradan papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 bour after death.	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

	12772		CERTIFIC	AT	E OF DEATH				16	012
1. PLACE OF DEATH	ntgomery		MARYLAN	ND	2. USUAL RESIDENCE (WE o. STATE Maryla	nd	b. COUNTY	Montgo	omery	
b. CITY OR TOWN RURAL ond give	(If outside corporate limi learest town) hesda	ts, write	c. LENGTH OF STAY IN lays	16	c. CITY OR TOWN (If a		prote limits, write R	URAL ond give	e nearest to	wn)
OR INSTITUTION	TAL (If not in hospitol, gourban	ive street	oddress)		d. STREET ADDRESS 6648 H	illand	dale Rd.		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir Belle		Middle T.		tost Bump	4. DATE OF DEATH	Mon 11	th	Day 22	Yeor 19 60
s. sex Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIED [		11/3/1893		9. AGE (In years lost birthdoy) 67 yrs.	Months Do	EAR IF UN	
Housewif	king life, even if retired	done 10b.	KIND OF BUSINESS OR IF	NDUSTI	New York		country)		S.A.	T COUNTRY?
5. WAS DECEASED EV	Edward Tup	CES? 16.	SOCIAL SECURITY NO.	17, I <b>NF</b>	14. MOTHER'S MAIDEN N  Mart	ha Ho	We	ress		
(Yes, no. or unknown)	(If yes, give war ar dates of s		None	Mer	le J. Bump,	husba	nd s	ame as	abov	e
Conditions, if gove rise to couse (o), stating lying couse lost	the <u>under-</u> DUE TO		TOWNS CLI	not	to help to the team	T di	Se CONDITION GIA	VEN IN PART 1	(a) 19 WA	2 U
20a. ACCIDENT W	AS UNDERLYING OF CAUSE OF DEATH	M	CRIBE HOW INJURY OCCU					4	PER	FORMED?
_	Y MEDICAL EXAMINER)  RY Month, Doy, Ye  19	ar 20d. II While of wor	Not while		CE OF INJURY (Home, form bry, street, office bldg., etc		y or town)	(Cor	onty).	(Stote)
sow the deced		n attend	led the deceased from 19 00 and th		ath accurred a	M, fram	the causes an			ed above.
220. PHYSICIAN'S	Se A.	Nou BR	AR FOR	M	D. ATTENDING M. D. PHYS. D. 22d. ADDRESS	RED.	STAFF D	215,	11/2	2 sievo
But Tran	Sit 11/2	3/60	232 NAME OF CEMETE  Ulysses  ADDRESS		etery		SSES POTENTIAR 255. REGI			(fote)
Hopett	ANRIMODO	ce y	Bethesday	aMe	rylandDATE	190V 2 8	60 60	arthur S.	Kraus	

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE CE CERTIFICATE OF DEATH

			TI				
a. COUNTY MC	NTGOMERY	MARYLAND	2. USUAL RESIDENCE (W. o. STATE MARYL		b. COUNTY	MONTGOME	ERY
b. CITY OR TOWN RURAL and give ROCKV	(If autside carporate limits, wri negrest town)	c. LENGTH OF STAY IN 16		outside carporat	e limits, write Rl	JRAL and give ne	earest lawn)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give str 12,815 Caldwel	reet address) .1 Street	d. STREET ADDRESS 12,315 Ca	ldwell S	Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	PEARL PEARL	Middle ELIZABETH	l BURKE	4. DATE OF DEATH	NOV	_	ау Year б 1960
5. SEX FEMALE	TATE TITES	MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 10/27/85	9.	AGE (In years last birthday) 75 yrs.	Manths Days	Haurs Min.
10a. USUAL OCCUPAT during most of we Time Cler		106. KIND OF BUSINESS OR IND J.S. GOVERNMENT	WASHINGTO		itry)	12. CITIZEN O	F WHAT COUNTR
JOHN A. S	EILER		14. MOTHER'S MAIDEN MAGDELINE		3		
5. WAS DECEASED EN	(ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Greeni		Clay St	t.
PART I. DI	ATH [Enter only one cause postarth WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	er line for (a), (b), and (c).	minal h	mon	hage	Spring	PERVAL BETWEEN USET AND DEATH LE NOW
Canditians, if gave rise to cause (a), statin lying cause last	immediate g the under-	my cm)	frimed)	accuse hospi	ilyot	ment used	www
ICATIC		NS CONTRIBUTING TO DEATH BI				EN IN PART 1(a)	19. WAS AUTOPS PERFORMED? YES NO
(IF EITHER, NOTIF	AS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	KED. (Enter nature at injury in	ran I ar ran II	or item 10.)		
Y 20c. TIME OF INJU Havr a. m p. m	. W	od. INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, far factary, street, affice bldg., e	rm, 20f. (City ai tc.)	r tawn)	(Caunty	) (Stat
	at (I) (this haspital) attassed alive an 15 1	rended the deceased fram					hat (I) (we) la e stated abav
220. SIGNATURE	but ma	tyn &	M.D. PHYS.	MED. DIRECTOR [	STAFF PHYS.	18	VIV 6 D
22c. PHYSICIAN'S NAME (Type)	HERBERT	MARTYN.	JR 3-029	Bel	teda	Cure	Beth M.
23a. BURIAL, CREMAT PEMOVAL (Special BURIAL)	ON, 23b. DATE THEREOF 11/19/60	MT. OLIVET C	OR CREMATORY EMETERY		TON, D.		(State)
24 EUNERAL DIRECTO	PUMPHREY; INC	ADDRESS SILVER SPRI	NG. MD.	D BY REGISTRA		STRAR'S SIGNATU	JRE

DATE NOV 2 2 '60

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and campletely filled requires that the death certificate be executed within 24 n papers. Pages haurs after death. Then please remove carban papers. and in any event, within 72 may be retailed by the haspital ar attending physician. **S FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician page 3 shauld be detached far use as the burial-transit permit. Then please remove cart the State Board of Health prior to burial, crematian, ar removal, and in any event, within it is the state Board of Health prior to burial, crematian, ar removal, and in any event, within it is the state Board of Health prior to burial, crematian, ar removal, and in any event, within it is stated. ATTENDING PHYSICIAN: The low may be re TO HOSPITA

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OR STATE		12	773 MED	ICAL E	XAMINER'S	CERTIFICA	TE OF D	EATH		12014
LIH DEIM.		PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where dece			nce before edmission
る。		Mon	tgomery		MARYLAND	o. STATE Marvlar	nd	b. COUN	ntgomer	V
SEX S		b, CITY OR TOWN (if	outside corporete limit give nearest town)	s, c.	LENGTH OF STAY IN 16	c. CITY OR TOWN				
ino A	12	Oln		2	hrs. 45 min.	Sandy S	Spring			
الم وقر	2	d. NAME OF HOSPIT	AL OR INSTITUTION (in	not In hospital,	give street eddress)	d. STREET ADDRESS				IS RESIDENCE ON A FARM?
p e e	7		tgomery Gen	eral Ho	spital					YES NO
Sta	3.	NAME OF DECEASED	First	,	Middle	Last	4. DATE	Month	Day	Yeer
the re		(Type or print)	Charles		Antonia	Burriss	DEATH	Novemb	per 9	19 60
ati s	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED X 8	. DATE OF BIRTH	9.	AGE (In years ast birthday)	IF UNDER 1 YEAR	
2 our		Male	Negro	WIDOWED [	DIVORCED [	4/1/60		yrs.	Months Days	Hours Min.
2 2 d 5	1Da do	ne during most of wor	ON (Give kind of work king life, even if retired	1Db. KIND C	F BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (State	or foreign countr	γ)	12. CITIZEN	OF WHAT COUNTRY
TES						Maryland	i		U.S.	.A.
with with	13.	FATHER'S NAME	Unknown		331117/301	14. MOTHER'S MAIDEN	NAME		10	
n t							t Burris	5		
for F. F.			R IN U.S. ARMED FOR yesgivewerordatesofse		AL SECURITY NO. 17.	NFORMANT		Address		
erith Or					Н	spital Reco	rds.	Olnev.	Marylan	Ť
ov = :=			EATH (Enter only one		r (a), (b), and (c).]			,	" I IN	NSET, AND DEATH
pue			H WAS CAUSED BY: MMEDIATE CAUSE (a)_	Card	iac Arrest				3	udden
al, a		527.0	DUE TO							
P Pur		Conditions, if any		Pulm	onary Atele	ectasis & e	dema			
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		gave rise to immedia (e), steting the un	DITE TO							
or or		cause lest.	) (c)_							
tion	NO	PART II. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBU	JTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
d be	CAT									YES NO
hed 'ou'	CERTIFICATION	2De. EXTERNAL CA PRIMARY [] or COI				inter neture of injury In Pe			ກດກວາກ	ınden
uria st		CAUSE OF DEATH.		ether	anesthesia.					
Chi	WEDICAL	20c. TIME OF INJUI	RY Month, Day, Yea	While	Not While feet	CE OF INJURY (Home, far ory, street, office bldg., etc		town)	(County)	(State)
the Po	ME	p.m.	19		at work			-1		
50g		21. I certify the	at I took charge o	the remains	described above, he	Id an Autopsy X,	Inspection	. Inquir	y , and	in my opinion
ent,		death resulted fi	rom: Natural ca	uses, A	Accident, Suic	ide, Homicide	Unde	termined m	anner	
DIRE DIRE		Maria As A	21	.0		CHIEF MEDICAL	EXAMINER			
0 _ 2		SIGNATURE	Josep &	120	nhut	M.D. ASSISTANT MED	DICAL EXAMINER			DATE SIGNED
NERAL NERAL designat		EXAMINER'S				DEPUTY MEDICA	L EXAMINER	1	1/9/60	
rhould be from FUNERAL	22.	NAME (Type)	Frank J. P	roschar	MANE OF CEMETERY OF	Address (Street,	city, town, or cou			(5 )
07	2 20	REMOVAL (Specify)					22d. LOCATIO			(Stete)
4 0 g	22	B urial	1/11/6		sh Memorial	- V	Sandy	Spring	/	TUDE
A15ME	23	1	the	12	Land VIII	1111		-		
1 7/59		other -	· y naw	der	100,00	DATE N	10V 1 5 '60		rthur S. Hr	aus.
las		207	3265.	XV3						

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12675

1. PLACE OF DEATH o. COUNTY					USUAL RESIDENCE (V	Where decease	d lived. If instituti b. COUNTY	on: Residenc	e before od	missian)
	TGOMERY		MARYLA	AND	MARYLAN	ND OF	B. COUNT	ONTGOM	IERY	
	If outside corporate limi	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (II	f outside corpo	prote limits, write R	URAL and g	ive nearest	town)
OLN			2 DAYS		GAITHER	RSBURG				
OR INSTITUTION	TAL (If nat in hospital, g	ive street	address)		d. STREET ADDRESS				0	RESIDENCE N A FARM?
MONTG	OMERY GENER	AL H	OSPITAL						YES	5 D 15 D
3. NAME OF	Fir		Middle		Last	4. DATE	Mor	ith	Day	Yeor
(Type or print)	SAMUE		Витт			OF DEATH	110	VEMBER		19 60
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. C	ATE OF BIRTH		9. AGE (In years lost birthday)	The second secon	Days Ho	NDER 24 HRS.
MALE	WHITE	WIDOW	ED DIVORCED		10/9/79		81 yrs.	1	00/3	77.111.
100. USUAL OCCUPATION	ON (Give kind af work of		KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sto	te or foreign o	country)	12. CITIZ	ZEN OF WH	AT COUNTRY?
during most at wor	king life, even if retired	)			TENN.			H.	. S. A	
3. FATHER'S NAME				11	4. MOTHER'S MAIDEN	NAME				
3. INTITIER 3 HAME	Lum	C.	Buttry				SE BUTTE	Y		
15. WAS DECEASED EVE	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO			Add			
(Yes, no, or unknown)	(If yes, give war ar dates of se			1	Mannen	Broom		OLNEY	Mn	
					HOSPITAL	RECORE	15,	OLNEY,	-	
			ne far (a), (b), ond (c).]							ND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	P	ULMONA	RY	TUISERCI	00021	5		4v	ens
000	DUE TO								0	
Conditions, if										
gove rise to	mmediate					1			+	
cause (o), stating										
lying couse lost.	, 10								1	
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TER	MINAL DISEA	SE CONDITION GI	VEN IN PART	1(o) 19. W	REFORMED?
5										ON O
PART II. OT  PART II. OT  20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OC	CURRED. (	inter noture of injury i	n Port I or Pa	rt II of item 1B.)			
	RY Month, Doy, Yes	nr 20d I	NJURY OCCURRED 2	De. PLACE	OF INJURY (Home, fo	orm. 20f (Cit	y or town)	10	ounty)	(Stote)
20c, TIME OF INJUI Hour a.m.		While			, street, affice bldg., e	etc.)	, or rown,	10	.0011177	(5.5.0)
₩ p. m.	19	of wo								
21. I certify the	at (I) (this haspital	) attend	ded the deceased f	rom a	unt 1	1256, 10	novemba	7 196	Q, that (	1) (we) last
			~ 1960, and t				the causes a			
220. SIGNATURE	sed diffe dif	LEALTE	Tale / did !	nar dea	T discorred of		The caoses at	di inc	date sta	22b. DATE
621	neadan	4	2	M.D		MED. DIRECTOR	STAFF PHYS.		剣	11/9/6
22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS					
Trante (Type)	CE	Mean	ORS, M. D.		DAMASC	us, Ma	RYLAND			
23a. BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THEREC		23c. NAME OF CEMET	ERY OR C			TION (City, town,	ar county)		(Stote)
Burial		60	Forest	Oak		Ga	ithersb	175		Md-
24. FUNERAL DIRECTOR	S'S SIGNATURE		ADDRESS		25o. RE	C'D BY REGIS	TRAR 25b, REG	ISTRATE'S SIC		2.2 0.
Emes+	C. Gontne	22	Gaitheach	113 200	DATE DATE	NOV 9	'60	Inthan &	? Flores	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be referred by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it. The funeral director, page 3 should be detoched far use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 shauld be filled with the State Board at Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

VR A1S (4) 15M 9/59

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2 DAYS CALLEGE ON STATE STORES

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	After this certificate has been signed by the attending physician and completely filled it. The funeral director,	hed far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	h priar to burial, crematian, ar removal, and in any event, within 72 hours ofter death.	
naspital ar arrenaing physician.	After this certificate has been signed by	hed far use as the burial-transit permit.	h priar to burial, crematian, ar removal, a	

ě	Dee /		U a	ulrea,
	12 de		13.	FATHER'S NAME
HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be	be referred by the haspital ar attending physician.  UNERAL-CIRECTOR. After this certificate has been signed by the attending physician and ge 3 should be detached far use as the burial-transit permit. Then please remove carbon should be detached far use as the burial-transit permit. Then please remove carbon should be detached far use as the burial, crematian, or removal, and in any event, within 72 has been as the prior to burial, crematian, or removal, and in any event, within 72 has been as the prior to burial, crematian, and the prior to burial, crematian, an			John Ca
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eat	eas	-31		18. CAUSE OF D
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9	b			Conditions, if
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N	by be referred by the haspital ar attending physician.  **UNERAL-CIRECTOR: After this certificate has been signed by ge 3 should be detached far use as the burial-transit permit.  **State Board of Health priar to burial, crematian, ar removal,		3	21. 1 certify t
2	che h			saw the dece
I	Hed det			220. SIGNATURE
×	REC.	1		11/1/
9	5 Pp	1		22c. PHYSICIAN'S NAME (Type
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SPI	UNERA: UNERA: ge 3 sho		23a	BURIAL, CREMA
Ö	S g C			REMOVAL TO POOR

_											
1. F	PLACE OF DEATH	ONTG OMERY	*	MARY		2. USUAL RESIDENCE (WE a. STATE Md.	here deceased	d lived. If institution b. COUNTY	n: Residence	1.6.	ion)
ŀ		outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside corpo	rate limits, write RI	JRAL and giv	e nearest town	n)
	RURAL and give ne			16 da.		Universi	tv Pa:	rk	/	664-0	2
(	. NAME OF HOSPIT	AL (If not in hospitot, gi	ive street	oddress)		d. STREET ADDRESS	A/			e. IS RES	FARM?
	OR INSTITUTION WHEATO	NURSING	HO.	ME		4314 Cole:	svill	e Road			NO 🗆
3. 1	NAME OF DECEASED	Firs	it	Middle		Last	4. DATE	Mon	th	Day	Year
	Type or print)	JOSEPH		F.	CAMI	BELL	DEATH	Nov 16	. 196	0	19
S. S	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE		DATE OF BIRTH Jan	18	9. AGE (In years lost birthdoy)		YEAR IF UND	_
	MALE	WHITE	WIDOW	DIVORCE		1890		70 yrs.	Months D	lays Hours	Min.
10a	USUAL OCCUPATION	N (Give kind of work d	lone 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE (State	or foreign co	ountry)	12. CITIZI	N OF WHAT	OUNTRY
Re	tired, U	ing life, even if retired)	ent			Wash. I	D.C.		U.	S.A.	
_	FATHER'S NAME					14. MOTHER'S MAIDEN					
	John Cam	pbell				Catheri	ine C	lancy			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17. INF	ORMANT		Add	ess	K / Y / I	10 / 10
(Yes	no, or unknown)	(If yes, give war or dates of se	rvice)	none	My	s. M.J.Cas	77.0.0		niec		
		TH _Enter only one co	use per lir	none		7	30.4		11100	INTERVAL BE	ETWEEN
		TH WAS CAUSED BY:	1	and all	-11	- less				ONSET AND	DEATH
	231	IMMEDIATE CAUSE (o)		orwar,	M	someous				of 1d	yes
	220	DUE TO									
	Conditions, if a	mmediate									
	cause (a), slating										
7	lying cause last.	) (c)							F	1 120 1445	ALITOREY
CERTIFICATION	PART II. OTF	TER SIGNIFICANT CON	DIIIONS <u>C</u>	ONTRIBUTING TO DEA	AIH BUI N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAKI	PERFC	RMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture of injury in	Part I or Par	t II of item 1B.)			
CAL	20c. TIME OF INJUR	Y Month, Day, Yea	or 20d. II	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, form	m, 20f. (City	or town)	(Co	unty)	(State
MEDICAL	Hour a.m.	19	While at wor	Not while	tocto	ory, street, office bldg., etc	c.)				
~		A (I) (Abia I are in I			faces:	11-01	100	May	6 10/A	1h-1/12	() I
	saw the deceas	it (I) (this haspital				ath accurred a 33	0	the causes an			
	220. SIGNATURE	0 11-1					1111			22	SIGNED
	11/12	woodea	w		м	.D. PHYS.	RECTOR	STAFF PHYS.	1.1	0.	310142
	22c. PHYSICIAN'S NAME (Type)	7	,	1		22d. ADDRESS	7 - 1	1000	delve	NOP	my
	TVAINE (Type)	1. In	BA	CEAU		10111 Cold	svell	e Kd.		mad	10
230		23b. DATE THEREO	F	23c. NAME OF CEMI	ETERY OR	CREMATORY	23d. LOCA	TION (City, town,	or county)	(Sto	te)
	burial	11/18/	60	Mt. Oliv	vet (	Cemetery	Was	hington	. D.C	-	
24.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		sh, D. C 250. REC		TRAR 25b, REGI	STRAR'S SIGN	NATURE	1
5	H.Hen	es Co 2	290	1-14-	5/.71	ZU DATE NO		60 a	thur S. T	Travel	5-

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after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be read by the haspital ar attending physician.

TO FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMODE CERTIFICATE CERTIFICATE OF THE CATE OF THE

BALTIMORE 1, MARYLAND

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) 1.	a. COUNTY Montgomery	ı,		MARYLAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE District of Columbia						
	b. CITY OR TOWN ( RURAL and give n  Bethesda	If autside corporate limi earest tawn) (Rural)		MITTER OF STAY IN 3 days	1Ь	c. CITY OR TOWN (IF			URAL and give	e nearest to	wn) _ 5	
	OK INSTITUTION	TAL (If not in hospital, g	ive street addres	ss)		d. STREET ADDRESS	Green,	S.W.	*	ON	A FARM?	
3.	NAME OF DECEASED (Type ar print)	Fir <b>Ke</b> ]		Middle Ann	CAF	Lost RPENTER	4. DATE OF DEATH	Novem		Day 29	Year 19 60	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. C	ATE OF BIRTH	9	AGE (In years lost birthday)	Manths De			
F	Female	Caucasian	WIDOWED	DIVORCED [		11-26-60		yrs.	Months Di	ays Haur	s Min.	
10	la. USUAL OCCUPATION during mast of wor	ON (Give kind of work of king life, even if retired	done 10b. KIND	OF BUSINESS OR II	NDUSTRY			entry)		J.S.A.	T COUNTRY?	
1	. FATHER'S NAME		•		1	Mary 1				J. D. N.		
	James Earl	L CARPENTER				Ann Marie N						
	. WAS DECEASED EVE	R IN U. S. ARMED FOR		AL SECURITY NO.	17. INFO	RMANT		Add	ress			
(,	No No	(If yes, give war or dates of s	Nor	ne	(F)	James E. Ca	arpente	r, same	as #2	above		
F	18. CAUSE OF DEA	ATH [Enter anly one co	use per line for	(o), (b), ond (c).]						INTERVAL		
		ATH WAS CAUSED BY:	COM		4 1	HEART	DISE	ASF		ONSET AN	D LLANA	
	154	DUE TO			-\_/	1.572	0190			16	HUL	
	Conditions, if o	any which \										
	gave rise to i	mmediate (										
	lying cause last.	the under-	)									
ATION	PART II. OT	HER SIGNIFICANT CON	DITIONS CONTR	RIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1	PER	S AUTOPSY FORMED?	
CERTIFICATION		AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	JRRED. (I	inter nature of injury in	Part I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJUI Haur o. m.	RY Manth, Day, Yes	While	OCCURRED 20e		OF INJURY (Home, for , street, affice bldg., et		or lawn)	(Cou	unty)	(State)	
		at (\) (this haspital			m	Nov. 26 19	2.60. ta	Nov. 29	19 60	) that 41	(we) last	
		sed alive an No				th accurred at 3	BPM from	he causes an	d on the	date state	ed above	
	22a. SIGNATURE	O. De A	7/0	ack		ATTENDING A	AED.	STAFF	on the C		SIGNED	
	22c. PHYSICIAN'S NAME (Type)	Cours	0,10		M.D	PHYS. D	DIRECTOR	PHYS.		11-3	0-60	
	, want (rype)	Robert V.	RACK, LI	r, MC, USN		U. S. Nav	al Hosp	ital, Be	ethesds	, Md.	De who who who was who was and	
23		ON, 23b. DATE THEREC	OF 23c.	NAME OF CEMETER		REMATORY	23d. LOCATIO	ON (City, tawn,	ar caunty)	(S	tate)	
	REMOVAL (Specify Burial	12-2-60		Arlington	Nat			ington	ŁV	lrgini	.a.	
	rlington	Tuneral Hom		ADDRESS Arlin	-		D BY REGISTR	2Sb. REGI	STRAR'S SIGN			
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	3. Movel Hospital, Butha		ent estimate	/
#2015/11V		, , wi will'a	A	

FOR STATE TO DEPT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any y is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the kind of director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial definition of the pages 1 and 2 with the State Board of Heath, or its designated agent, prior to burial, cremation, or remove, and in any event within 72 hours after death. or its designated agent, prior to burial, cremation, or remova-

VS. A15ME 5M 7/59

HEALTH DEPT

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12678

I. PLACE OF DEA	TH			NCE (Where deceased five		sidence before edmission
MONTE	MERY	MARYLANI	a. STATE		DUNTY	A P. Pa M
	(if outside corporate limits,		IIMNIL	(If outside corporate limits,	MONTGOI write RURAL and o	
write RURAL e	nd give nearest town)		0.6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
OLNEY,		DOA	ROCKY	/ILLE		
d. NAME OF HOS	PITAL OR INSTITUTION (if	not in hospitel, give street address)	d. STREET ADDRESS	5		o. IS RESIDENCE
MONTCOM	OV CENERAL H	CERLTAL	720 5	Them Managemen	n A	YES NO
MONTGOME NAME OF	RY GENERAL H	Middle	Last	AST MONTGOME	RY AVE	Dey Yeer
(Type or print)	A Little of a			OF		
	CHARLES	HAIG	CARTER			22 19 60
, SEX	6. COLOR OR RACE 7	. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye last birthde	ears   IF UNDER 1 Y	
ALE	WHITE	WIDOWED DIVORCED	6/25/1888	72 yr	Mollina De	ys Hours Min.
	TION (Give kind of work	10b. KIND OF BUSINESS OR INDU	-//		1	EN OF WHAT COUNTRY
	working life, even if retired)		JOINT II. DINTIFICACE (SIG	e or loreign country)	12. 011121	LITO! WIIA! COUNTR
ME	CHANIC		MASS	SACHUSETTS	U.	S. A.
FATHER'S NAME	FI THE RESERVE		14. MOTHER'S MAIDEN			
Laur	. 1		Ome	A C		
	I . CAIG	CO LA COCIAL CONTRACTOR		A. CUMMINGS		
	EVER IN U.S. ARMED FORCE (If yas give wer or detes of services)		/. INFORMANT	Add	fress	
		218-14-5928	HOSPITAL	RECORDS. OL	NEY, MD.	
18. CAUSE OF	DEATH [Enjer only one co	ause per line for (e), (b), end (c).	HOUTTINE	MECONDOJ OL	11619 1108	INTERVAL BETWEEN
	TH WAS CAUSED BY:	LI .			DEC.	ONSET AND DEATH
14 -	IMMEDIATE CAUSE (a)	Memorrha	7-0			-5-/-
51	DUE TO	_				2/2 Kre
Conditions, if a	ny, which ) (b)	R. IDa I ate	dominal au	The America	411111	- 22
geve rise to imme	diete cause	out the			facility	1
(a), stating the	underlying DUE TO	V 0			/	
causa fast.	) (c)_					
PART II. OTH	IER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1	
						PERFORMED?
DO. EVERNIA	CALLES WAS 1 001	DESCRIBE HOW INTHIN OCCUPE	D. (Enter nature of Iniversity D	and A on Boat III of Story 40 3		LESX NO
20a. EXTERNAL PRIMARY   or 0	CAUSE WAS 20E	DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Pi	err r or ren il of itam 18.)		
CAUSE OF DEAT						
20c. TIME OF IN	JURY Month, Dey, Yaer		PLACE OF INJURY (Home, far		(County	y) (State)
Hour a.m		111110	factory, street, office bldg., at	(c.)		A PIN LINE
p.m	. 19	at work at work				
21. I certify	that I took charge of	the remains described above,	held an Autopsy X.	Inspection, Inc	qu <del>i</del> ry,	and in my opinion
death resulted	I from: Natural cau	ses . Accident . S	iuicide . Homicide	Undetermine	d manner	
10301100	1	ACT, MISSISSIN E., O				
1	1 10		CHIEF MEDICAL	L EXAMINER		
ACTUAL SIGNATURE	Man 2 4.130	without	M.D. ASSISTANT ME	DICAL EXAMINER		DATE SIGNED
- 216-210				AL EXAMINER X		11/23/60
EXAMINER'S NAME (Typa)	- 1	W 0		-		., 25, 00
BURIAL, CREMAT	ION 1 225 DATE THESE	HART M. D.	Addrass (Streat,	, city, town, or county)	own or country!	(State)
REMOVAL (Speci	(v) 11 - 1	1 - 10 / 100	DARKE AND A	A A A	Country)	(State)
Burial	11-26-	ec preporta ?	VILLENC	1,2001	e u	11111 -
PUDERAL DIRECT	ON UP	-ADDRESS	240. RE	C'D BY REGISTRAR   24b.	REGISTRAR'S SIG	NATURE
Buch	6 Jarbon	Jaithund	1029 WX1 -		arilun S.	Kaus
		9	/ MEGGDATE	NOV 2 9 '60	Christian D.	, 00

YAZHODYRON **МИЗИПОЛТИОН** TOWAL TRANS Receivages JUNET. MR. Non-Bonery Quistant Darith TO CAST MONEY MONEY AVE. CHARLES HATA LANTER HOUSINGT 22 5/25/1400 371875 STRAKSEN LASACHHUTTIS U. E. L. DELIK A. CURRINGS PIAT . THEL PARTIES NOTETAL RECORDS, CLEAR, No. AND PERSONAL PROPERTY OF THE P THE RESERVED AND THE PROPERTY OF THE PARTY O 11/23/60 Lead I would have a little and the fill of the said to the fill of the said to the fill of the said to the said to

VR A1S (4) 1SM 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12778

12679

1	1. PLACE OF DEATH o. COUNTY MONTGOMERY	MARYLAND	CTATE	RYLAND		. If institution. COUNTY		TGOM		on)		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 16		OWN (If outside		mits, write R	URAL ond	give nea	rest town	)		
A	d. NAME OF HOSPITAL (If not in hospitol, give street oddre OR INSTITUTION  MONTGOMERY GENERAL	ess)	d. STREET A	DDRESS					e. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF First DECEASED (Type or print) ELIZABETH	Middle ELLEN CAU F	los!	0	ATE F EATH	Novem		26,		reor 19 60		
	S. SEX 6. COLOR OR RACE 7. MARRIED [ WHITE WIDOWED [		DATE OF BIRTH	3, 186	los	E (In yeors birthdoy) yrs.	Months Months	1 YEAR Doys	Hours Hours	R 24 HRS. Min.		
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  House Wife  13. FATHER'S NAME  WILLIAM R. HUTTON		Clon	ACE (Stote or for DET Md MAIDEN NAME Y AUGUST	•		U U	S		OUNTRY?		
	TS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI		RMANT	L RECORD		Add		ND				
	18. CAUSE OF DEATH [Enter only one couse per line for PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONT	rouie /		THETERMINAL			/EN IN PAR	ONS	9. WAS	DEATH		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJUR	Englas		Home, form, 20		167	(	County)	YES 🗍	(Stote)		
	21. I certify that (I) (this haspital) attended saw the deceased alive an 1/2 220. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	of work	ath accurred D. ATTENDING PHYS. 22d. ADDRE	H:35A M.	OR PH	AFF YS.			stated	we) last abave. b. DATE SIGNED		
110	REMOVAL (Specify) Burial  11-29-60  24, FUNERAL DIRECTOR'S SIGNATURE	St, Rose Appress thersburg.	Md.			2Sb. REGI	or county) Md. STRAR'S SI			e)		

ALCOHOL SECRETARION OF THE SECRETARIAN SECRETARIAN SECRETARIAN Heart Failure Chronie Mysenuditis. Ulremid. 11/25 . 60 195 6; 11/26 60 Lucana Mance , was to in remedia o 

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, **BALTIMORE 1. MARYLAND** MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY director, Page Health, e. STATE b. COUNTY is necessary files. MARYLAND b. CITY OR TOWN (if outside corporate c. LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL end give pearest town) Your nearest town o State NAME OF and 3 to the fu DECEASED OF the (Type or print) DEATH AGE (In yeers | IF UNDER 1 YEAR 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) WIDOWED DIVORCED in pencil in Item 18. Give Pages 1, 2, a Office along with form PM3. Page 5 urial-transit permit. File pages 1 and 10b. KIND OF BUSINESS OR INDUSTRY working life, even if retired) HOME 13. ARMED FORCES? 16. SOCIAL SECURITY NO. no. or unkown) | (Ifvesqlve verordales of service) Office along with burial-transit permi MEDICAL EXAMINER: This certificate should be executed 1B. CAUSE OF DEATH [Enter only one cause per lina for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) and DUE TO Conditions, If eny, which (b) geve rise lo immediate causa "pending" 10 DUE TO (a), steting the underlying Examiner Se 6 causa lest. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION 9 cremati ute the certificate, writing the word Medical should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part II of IIem IB.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 WEDICAL 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, farm, ! Month, Dey, Year 20d. INJURY OCCURRED 20f. (City or town) fectory, streat, offica bldg., etc.) While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection .... Inquiry X agent, Suicide death resulted from: Natural causes Accident Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Streat, city, town, or county) 6986 8> DEPU 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) RANS. & BURIAL 11/16/60 Beech Grove Cemetery Pomeroy, Meigs County, Ohio Q40 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE SPRING. MD.

. IS RESIDENCE ON A FARM? YES NO

1960

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(State)

and in my opinion

DATE SIGNED

Months

(County)

arthur & Kraus

DATENOV 1 7 '60

VS. A15ME 5M 7/59

HEADQ TO STADISTICS CONTRIBUTED OF DEATH The test of the te Entransport of the second seco ac and the substitute and the THE RESIDENCE OF THE PARTY OF T The A country of the country of the country of 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased livad, If institution: Rasidenca bafore admission) Page a. COUNTY Health, a. STATE b. COUNTY files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give reerast town) write RURAL and give haarast town) d. NAME OF HOSPITAL R INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 500 YES NO NAME OF Middla DATE Year 2, and 3 to the DECEASED OF (Type or print) DEATH with 6. COLOR OR RACE 7. MAKRIBO 8. DATE OF BIRTH IF UNDER 1 TEAR IF UNDER 24 HRS. NEVER MARRIED AGÉ (In years | last birthday) d 2 wi Months Deys DIVORCED UPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, dona during most of working life, even if ratirad) pages 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File ARMED FORCES? 16. SOCIAL SECURITY NO. in pencil in Item 18. (Yas, no or unkowed (If yas giva war or datas of sarvica) permit. Office along with any 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN .5 burial-transit NSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ed bluo DUE TO Conditions, if any, which gava risa to immadiata causa 10 "pending" DUE TO (a), stating the undarlying 95 Examiner ò causa last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTORSY CERTIFICATION PERFORMED? 8 cute the certificate, writing the word Medical NO pinous 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 3 MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, forwarded to the Chir Month, Day, Year 20f. (City or town) (County) (State) factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy 1. Inspection 🔏 Inquiry 1 and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER 03 designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Addrass (Streat, city, town, or county) DEP 22a, BURIAL, CREMATION, 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) Is REMOVAL (Specify) 40 6 Burial Silver 23. FUNERAL DIRECTOR 4a. REC'D BY REGISTRAR VS. A15ME Bethesda, Maryland NOV 1 4 '60 arthur S. Thank 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH

4. Carrier A NASS To the trade of the state of the ball 01-2 Martin Sugar Wall The region of the same of the LOUIS CONTRACTOR STATES Total Total Tales hestered and the state of the members and constitute the state Edward A. Tomphica Setheada, Mary Land. MW 14 DW - C. L. C.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

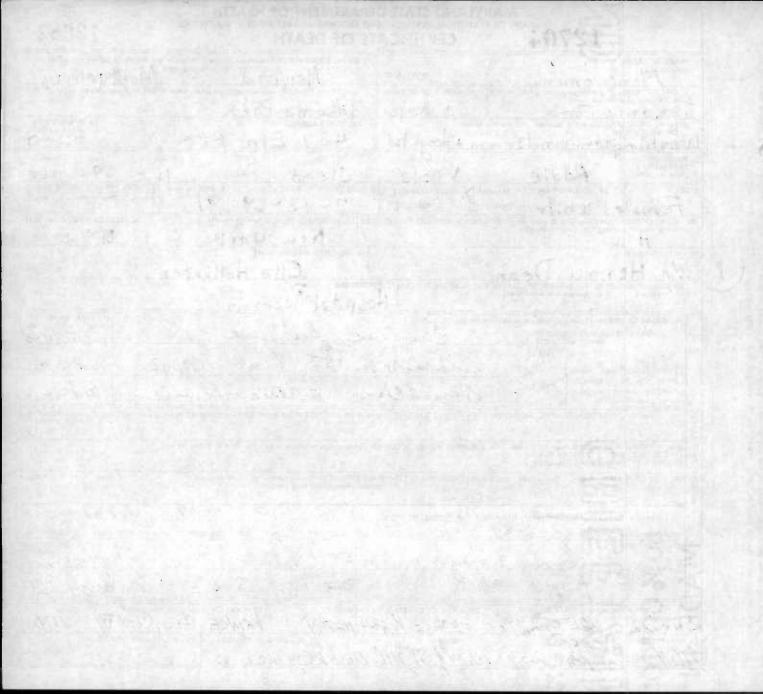
12682

100	161114 CERTIFICA	ATE OF DEATH	10000
	1. PLACE OF DEATH  o. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY Man	te before admission)
	b. CITY OR TOWN (If guiside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	
179-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
0/5	Washington Janitarium + Hospital	401 Elm HVe-	YES NO
	3. NAME OF DECEASED (Type or print) Addie Viola	COPP 4. DATE Month OF DEATH	29 - 1960
	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years last birthday) 9. AGE (In ye	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	N	ZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U Jac
	Wn. Henry Dean	Ella Hollister	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (17. (19.3, no. or unknown) (19.4) (19.4) (19.3) (19.4) (19	records Address	
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ian lacture	INTERVAL BETWEEN ONSET, AND DEATH
	DUE TO CLASSE (a)	la to locat disease	mak area
	Conditions, if any, which gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO  Classification  (c)	red arterio scherotis	tenknown
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED? YES NO
0	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Part II of item 16.)	
	20c. TIME OF INJURY Month, Day, Yeor Hour o. m. p. m.  19  20d. INJURY OCCURRED While Not while of work at work	PLACE OF INJURY (Hame, farm, 20f. (City or town) (Coclory, street, office bldg., etc.)	County) (State)
	21. I certify that (I) (this hospital) attended the deceased from	1 1 1100	(i) (we) last
	220. SIGNATURE	death accurred at MED. M. from the causes and an the	22b. DATE
	22c. PHYSICIAN'S NAME (Type) FIND MAGI	M.D. PHYS. DIRECTOR PHYS. D	Shine Md
	230, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town, or county)	(Stote)
B	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	SHINGTON PRINCE GEO, CUIN	1
17	Millur Walfers 254 Carrolf St. Will	LUSA DEC 2 '60 Quing 8	W. Carried

haurs ofter death. Page 4 the funeral director, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Imay be dead by the hospital or attending physician.

TO FUNERAX DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages? Property P

VR A15 (4) 15M 9/59



	12779		CERTIFICA	ATE OF DEAT	Н		Reg. D	ist. No	120	683
o. COUNTY	rH tgomery		MARYLAND	2. USUAL RESIDENCE (W	here deceased	d lived. If institution b. COUNTY			ore odmis	
RURAL and g	NN (If outside corporate li ive nearest town)		LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo		URAL ond	give ne	arest tow	vn)
d. NAME OF H OR INSTITUT	thersburg, R OSPITAL (If not in hospital ION	, give street odd	1 Month	d. STREET ADDRESS					ON	A FARMS
3. NAME OF DECEASED (Type or print)		First	Middle h Clements	Last	4. DATE OF DEATH	Mon	th embe	Do	,	Year 19 60
5. SEX			NEVER MARRIED	B. DATE OF BIRTH  June 6-188	20	9. AGE (In years lost birthdoy) 78 yrs.	IF UNDE Months			DER 24 HRS
13. FATHER'S NAM	f working life, even if retired Fari E Clement	nts DRCES? 16. SOC		Mary  14. MOTHER'S MAIDEN  Nellie  Nellie  Mrs Regina	1. Nich	Add			S.	and
	DEATH [Enter only one DEATH WAS CAUSED BY IMMEDIATE CAUSE	(0)	or (o), (b), and (c).]	occli	si	on				BETWEEN D DEATH
gove rise	if ony, which to immediate oring the under-	(b)	Coronan	1 arles	ios	clerosi	6		e. y	ear
FICATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO									
OR CONTRIBL	IT WAS UNDERLYING [] ITING [] CAUSE OF DEAT OTIFY MEDICAL EXAMINER	H	E HOW INJURY OCCURRE	D. (Enter noture of injury in	ron or Por	T II OF ITEM IS.)				

196 Othat I last sow the deceased 21. I certify that I oftended the deceased from and that death occurred of 5.00 A.M. from the causes and on the date stated above.

ACTUAL SIGNATUR

(Stote)

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION,

REMOVAL (Specify)

22b. DATE THEREOF 3-1960 Dec

22c. NAME OF CEMETERY OR CREMATORY Monocacy

22d. LOCATION (City, town, or county) Beallsville, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A1S (4) 1SM 9/58

TO FUNERAL TO HOSPIT

be executed within 24 hours after death. Page 4

director, filed

the funeral 2 should be

and campletely filled

physician

ATTENDING PHYSICIAN: The law requires that the death ca SIRECTOR: After this certificate has been signed by the attending

by the haspital or attending physician

Pages 1

earban papers.

any event within 72 haurs after death

Then please

permit.

crematian, ar remaval, and

page 3 shauld be detached for use as the burial-transit the registrar prior to burial, cremation, ar removal, and

Barnesville, Md

DATE DEC

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			Cuperal and res
	. Michael	Almon I gall.	M.M. grayde-orithm
Pr. andrazoli			
MARKET M.	· · · · · · ·	Party Labor	1000
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	Lindowski M. Skobell		annest in good on
dyna, gamment is	Her fengana Kilking,	90 90 - 0X - 078 II	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12780

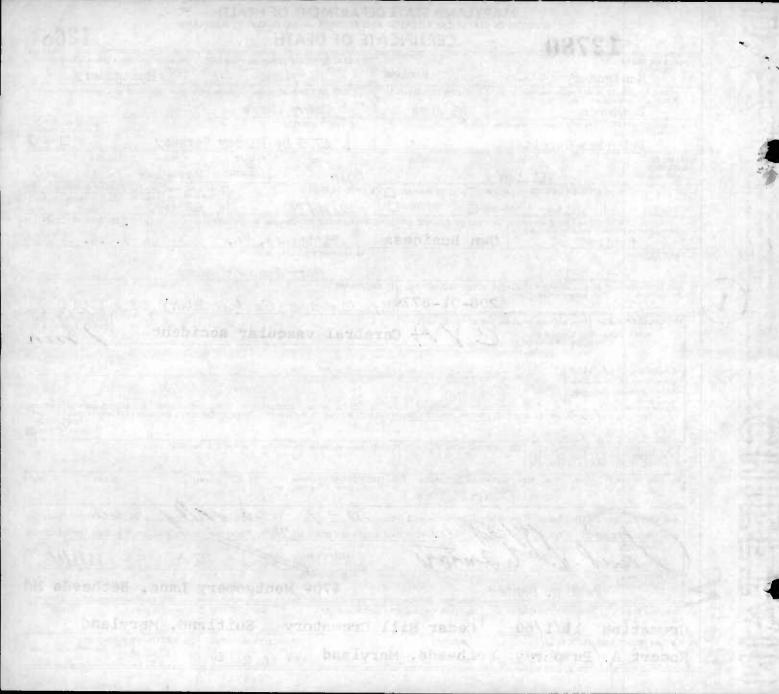
12684

	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corpor	rote limits, write RI		6)	vn)	
. 1	Bethesda  d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	25 days	d. STREET ADDRESS		Tombero			ESIDENCE A FARM?	
1	Suburban Hospital			7	y Parkwa				
	3. NAME OF First DECEASED (Type or print) William	Middle	Cole	4. DATE OF DEATH	Novem		Doy 1	Yeor 1960	
	S. SEX   6. COLOR OR RACE   7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	EAR IF UNI		
	Male White WIDOWE	D DIVORCED	12/16/77		lost birthdoy) 82 yrs.	Months Da			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	CIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZEN	OF WHAT	COUNTRY	
	Retired Ov	wn Business	Pittsburg	g, Pa.		U.S	.A.		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME					
	David Cole		Mary Ja	ane Mc	Caulev				
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT		Addi	ess	-		
,	(If yes, give war or dates of service)	08-01-8779 is	ss Gretchen Co	ole (d	aughter)	See	Item	2	
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (o), stoting the under- lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS C  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH UNDERLYING CONTRIBUTING CAUSE OF DEATH UNDERLYING TORSON CONTRIBUTING CAUSE OF DEATH UNDERLYING CAUSE OF	2 V A Cer		NAL DISEASI	E CONDITION GIV		PERF	no	
	20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While		ACE OF INJURY (Home, farm ctory, street, office bldg., etc.		or town)	(Cou	nty)	(Stote	
	21. I certify that (It) (this haspital) attend sow the deceosed alive an 1220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Paul. D. Cantor	19 Leo, and that a	death occurred of 7A	M, from	staff	d on the d	11/1/	ed obove	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Cremation 11/1/60	23c. NAME OF CEMETERY O			TION (City, town,		- '	tote)	
	24. FUNERAL PIRECTOR'S SIGNATURE - /	ethesda, Mar	250. REC'	D BY REGIST	RAR 25h REGI	STRAR'S SIGN	ATURE	1 1	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAC SIRECTOR: After this certificate has been signed by the attending physician and campletely filled the function of the following the following should page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, or remaval, and in any event within 72 hours after death. TO HOSPITAL

VR A1S (4) 1SM 9/59

the funeral director,



**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	PLACE OF DEATH	JULIUS BERN	2. USUAL RESID	ENCE (Where		If institution: Resider	nce before a	dmission)	
No.	nontgomery County	MARYLAND	h	d		19.0 .	team	eny_	
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16				its, write RURAL ond	give nearest	town)	
7	Takema Park	12 day	Silves	2 Spri	15	3 2			
0	d. NAME OF HOSPITAL (If nat in hospital, give street	address) /	d. STREET AD	DRESS			e. 19	RESTDENCE	
	OR INSTITUTION Washington San. &	Hospital	4502	maha	n Rd			S NO NO	
3. 1	NAME OF First	Middle	Last	4.	DATE OF	Month	Day	Yeor	
	Type or print) Daniel	Elmer C.	ollingwo	bod	DEATH	11	25-	1960	
S. S	EX 6. COLOR OR RACE 7. MARE		B. DATE OF BIRTH		9. AGE			INDER 24 HRS.	
	male white widow	ED DIVORCED	9-19	-04		C yrs. Months	Doys Ho	ours Min.	
190	USUAL OCCUPATION (Give kind af wark dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (State or 1	oreign country)	12. CIT	IZEN OF WH	AT COUNTRY?	
P	hoto Oregator The	e Osso. Press	Was	hungt	in s	state a	mea		
131	FATHER'S NAME		14. MOTHER'S	MAIDEN NAM	E				
E	dox Bund Collyna WARD	1	Elizab	eth Ki	XXXXXXXX	X, LESLIE			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT			Address			
		6-10-2197 (w	ite) mas	Ida 1	Collina	wood			
	1B. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]		A	-			L BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	PNEUMON	11A- (	7200	MINAL		10	DAVS	
	1 6 DUE TO	And	4 142 601	1515			Caros	40/5	
	Conditions, if any, which ) (b)	BRONCHOGE	NIC C	ARO,	Name	with.	0	1012/5	
	gove rise to immediate						7		
	lying couse lost.	CARC	Woms	F7 05	13				
Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THETERMINA	DISEASE CONI	DITION GIVEN IN PAI	RT 1(o) 19. V	VAS AUTOPSY	
CATION								ERFORMED?	
T.	20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of	injury in Part	I or Port II of i	tem 18.)			
CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
S S			ACE OF INJURY (H		20f. (City or taw	(n)	(County)	(Stote)	
MEDICAL	Hour a.m. While of wor	I doi willie	ctary, street, office	bldg., etc.)					
	21. I certify that I ottended the deceased from OCT 12, 1960, to part 25, 1960 that I last sow the deceased								
	alive on NOV24, 196	60 , and that death							
	dilve oii, 121	ao, and mai deali	accorred dis			ty or tawn, state)	e dole si	DATE SIGNED	
	ACTUAL POLY	1.0. 0		77.23	DI ASVO	a Fuel	nov!	35196	
	SIGNATURE DOCKTOL AM	cunar	M.D		ZSZSK, A	THE NO.			
	PHYSICIAN'S ROBERT L.	KRICHMAR	mid	WASH	INGTO.	U 12.D	C		
220.	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22	d. LOCATION (	City, town, or county)	-11	(Stote)	
BI	URIAL (Specify) 11/28/60	PARKLAWN CEME	TERY	]	MONTGOME	ERY COUNTY	, MD.	3 11 1	
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		24a. REC'D B	Y REGISTRAR	24b. REGISTRAR'S S	4 4		
1	Kuannu 2 Secta	SILVER SPRIM	IG, MD.	DATE	'60	arthua S.	Trans		

requires that the death certificate be executed within 24 hg TO HOSPITAL OR ATTENDING PHYSICIAN: The four sequence may be the bespital or attending physician and completely filled to FUNERAC DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

VS A1S (4) 15M 9/5B

urs ofter death. Page 4

the funeral director, should be filed with

## TEXAS TO STATISTICATE OF TAXES The state of the s on a stand are self and property over the tenth A STATE OF THE PARTY OF THE PARTY OF THE PARTY. the state of the state of the THE PARTY OF THE CASE Trends and and and an interest of the contract Earlier An Incompany was a Children of the Children

# FOR STATE HEALTH DEPT. TO DEF INEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If a day is necessary, please execute the certificate, writing the word "pending" in pendil In Item 18. Give Pages 1, 2, and 3 to the executed insector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. Filepages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

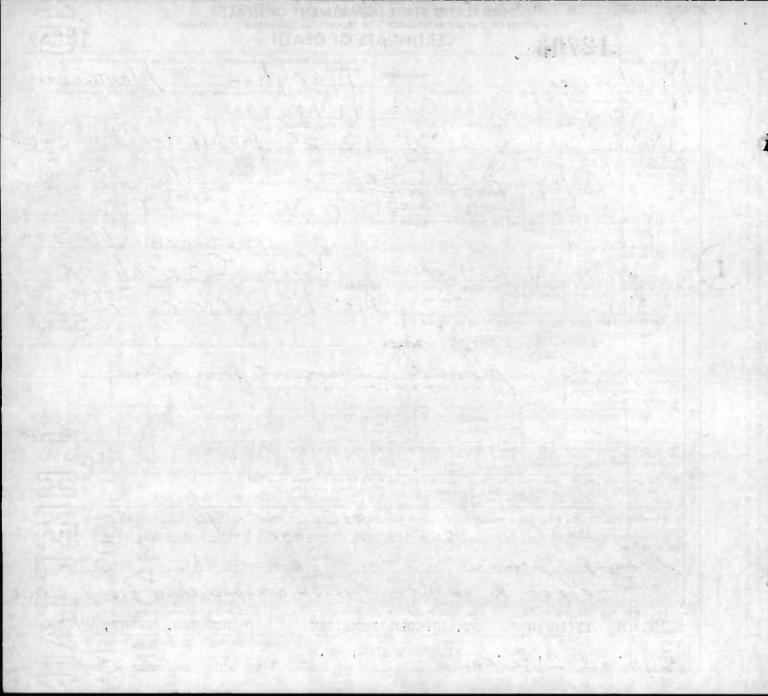
## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 19701 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10000

70101				(000)
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where dece		sidence before edmission)
Montgomery	MARYLAND	a. STATE m	b. COUNTY	u ta
b. CITY OR TOWN (if outside co-porale limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpora	ate limits, write RURAL and	give guarest town)
write RURAL and give nearest town)	5 mo	2= 1,2		
d. NAME OF HOSPITAL OR INSTITUTION (if not In		d. STREET ADDRESS	3	I e. IS RESIDENCE
d. NAME OF HOSPITAL OK INSTITUTION (II HOT III	and a street address;	d. SIRCEI ADDRESS		ON A FARM?
12000 Deway	Rd-	1/2000	esting Rel	YES NO
3. NAME OF First	SARAMA"	Last 4. DATE OF	Month	Day Year
(Type or print)		DEATH	h-11 /	or 1962
5. SEX   6. COLON OR RACE   7. MA	RRIED NEVER MARRIED B	DATE OF BIRTH 19.	AGE (In years   IF UNDER 1 Y	
O. O. A. WIDG	WED 7 DIVORCED	11 1- 1071	Months De	ys Hours Min.
receive and	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of Locusin count	1 12 CITIZ	EN OF WHAT COUNTRY?
dore during flost of working life, even if retired)	S. KIND OF BOSINESS OK INDOSTR	II. BIKITIFEACE (Siele & Toreign count	12. CITIZ	EN OF WHAT COUNTRY
nouseurle		Ilaly		taly
13. FATHER'S NAME		14. MOTHER'S MAIDEN MAME	, 17.	
Linds City	0 -1 -11	Ros mas	siglia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Godress 1908	Stration Rd
(Yes nd. or unkowN (Ifyesgivewerordalesofservice)	10	3 400 - 10 Cm 2 - 20	(an) Se	
18. CAUSE OF DEATH [Enter only one cause p	er line for (a), (b), and (c),	much single	con su	INTERVAL RETWIN
PART I. DEATH WAS CAUSED BY:	h	1. 4		ONSET AND DEATH
IMMEDIATE CAUSE (a)	youardiel	Jusuffury		Tru
JOOX DUE TO			1	
Conditions, if any, which (b)	kabele n	relieus		242
gave rise to immediate cause (e), stating the underlying  DUE TO				
cause last. (c)	1			
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CO	NOTION GIVEN IN PART 1	
PART II. OTHER SIGNIFICANT CONDITIONS				YES NO W
S 2De. EXTERNAL CAUSE WAS 2Db. DE	CRISE HOW INTERN OCCURED IN	nter nature of injury in Part I or Part II of its	am 18 )	LIES THO WE
2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	TOWN MONE OCCURENT	and had on many in rail to tall it of the	JIII 10.,	
20c. TIME OF INJURY Month, Day, Year   21		CE OF INJURY (Home, farm, / 20f. (City o	r town) (Count	y) (State)
ui	hile Not While fact	ory, street, office bldg., etc.)		
		Har Antara D. Landa B	an	
21. I certify that I took charge of the	_			and in my opinion
death resulted from: Natural causes	Accident , Suic	de, Homicide, Unde	termined manner	
1 1		CHIEF MEDICAL EXAMINER		
SIGNATURE MAIS	rechait	M.D. ASSISTANT MEDICAL EXAMINER		DATE SIGNED
EXAMINER'S EL ACTION	Pl	DEPUTY MEDICAL EXAMINER	11-1	8-60
NAME (Type)	. Moschak	Address (Street, city, town, or co	unty)	
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATIO	N (City, town, or country)	(State)
BURIAL 11-22-6	17. OLIV	ET WA	SH D	0.
23. FUNERAL DIRECTOR	ADDRESS /	248. REC'D BY REGISTRA	R   246. REGISTRAR'S SIG	NATURE
1/ weathy Stanto	7 3531 Va	The Mex DNOV 2 9 '60	arthur S. Har	.A
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 0001	THUY Z 3 UU	1 Curing D. 100	~

1 2 2 A MANUAL PROPERTY. To deal ( ) Section 1 A TOTAL STATE 2 - 17 CE - E 120 THE SHOW WHEN THE STORY Manager Colored Colored Colored Deposite of training the Misson of Property Mental and 26 has property Design to the party of the Check Compress at all and ショーニールエバラZの作りでは、AFAT この地画 SOURT 1-22-60 HILDENETH WRONGED



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D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retailed by the haspital ar attending physician.

D FUNERAL STRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death. TO FUNERAL TO HOSPITAL VR A1S (4) 1SM 9/S9

funeral directar,

and 2

after death. Page 4

Gr-Ar-Li Marries TEL E Enio cast / Class Market Company of the 

No.	12783 CERTIFICA	ATE OF DEATH	Reg. Dist. No. 126
director siled with	1. PLACE OF DEATH Montgomery o. COUNTY 7702 Old Chostop Rd. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution a. STATE b. COUNTY	
funeral	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Montgomery	c. CITY OR TOWN (If outside corporate limits, write R Washington	RURAL and give nearest town)
S. Y	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 7702 Old Chester Rd.	d STREET ADDRESS 6402 16th St. N. W.	e. IS RESIDE ON A FA YES N
filled in	3. NAME OF First Middle (Type or print) Walter Wright De.	al Lost 4. DATE Man	
pletely rrs. Pog	Male white WIDOWED N DIVORCED	B. DATE OF BIRTH  April 2 1886  9. AGE (In years lost birthdoy) 74 yrs.	Months Doys Hours
an pape death.	10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)  Funeral Director Funeral Director		U.S.A.
ician o	John F. Deal	14. MOTHER'S MAIDEN NAME Mary Ann Roycro:	ft
ng physe remay 72 haur	Yes, no. or unknown)   (If yes, give wor or dates of service)	NFORMANT Add	
e attendi	PART I. DEATH WAS CAUSED BY: Cicute Duyot	ardial in farction	INTERVAL BETWONSET AND DE
ed by th rmit. Th any eve	Conditions, if ony, which gove rise to immediate (b) advanced Cer	rowny selecosis	242
en sign and in	tause (a), stoting the under- lying couse last.  DUE TO  (c) Severe general	gd arterosclero	sia 5 4
ol, it	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	POOL KELATED TO THE TERMINAL DISEASE CONDITION GIV	VEN IN PART 1(o) 19. WAS AUT

20d. INJURY OCCURRED

Nat while at work at wark

While

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Day,

21. I certify that I attended the deceased fram

20c. TIME OF INJURY

o. m.

p. m.

UNTY D.C. write RURAL and give negrest town) ON A FARM? YES NO IN Year 1060 IF UNDER 1 YEAR IF UNDER 24 HRS doy) Months Hours YES 12. CITIZEN OF WHAT COUNTRY U.S.A. roft Address ester Rd. INTERVAL BETWEEN WAS AUTOPS PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20e. PLACE OF INJURY IHome, form, 20f. (City or town) (County) (Stote) 60 that I last saw the deceased AM, fram the causes and an the date stated above. 24b. REGISTRAR'S SIGNATURE 1 -1 - 9 K. all

ACTUAL NAME (Type) 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county)

foctory, street, office bldg., etc.)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

REMOYAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR Deal Funeral Home 4812 Ga. Ave. DATE NOV 1 4 '60

VS A15 (4) 15M 10/57

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# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, shauld be filed, with d by the hospital or attending physician. RECTOR: After this certificate has been signed by the attending physician and campletely filled be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 of in any event within 72 hours after death. be detached for use as the burial-transit permit, iar to burial, cremation, ar remaval, and in any TO FUNERAL page 3 shated

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19751 CERTIFICATE OF DEATH

19640

161119				Reg. Dist. No. 1 & OUT
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla)	ere deceased lived. If institution b. COUNTY	Residence before admission) Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROCKVIIIO	c. LENGTH OF STAY IN 16	Rockville	utside carporate limits, write RUF Э	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street 12118 Galena Road	address)	d. STREET ADDRESS	na Road	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print) VITO	(NMN) Middle	Lost FILIPPIS	4. DATE Month OF DEATH NOVembe	Day Year r 2nd, 1960
5. SEX Male 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH	lost highland	FUNDER 1 YEAR IF UNDER 24 HRS.  Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done of during most of working life, even if retired) Continued to the Mason (retired)	enstruction	TRY 11. BIRTHPLACE (Stole of Italy	or fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
John De Filippis		Mary Manie	cone	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. IYes, no, or unknown)  None   (it yes, give wor or dates of service)   None		nFORMANT nn DeFilippis,	Addres 304 S. Highla	nd St.Arlington,V
Conditions, if any, which gave rise to immediate casse (a), stating the underlying cause last.  Conditions, if any, which (b)  DUE TO  DUE TO  (c)	Percinon	ra vile	sline	Guera
PART II. OTHER SIGNIFICANT CONDITIONS.    Part III. OTHER SIGNIFICANT CONDITIONS.   Part III. OTHER SIGNIFICANT CO	reinearel	levous		N IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED	). (Enter nature of injury in P	art I or Part II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. 19 While of wor	Nat while fac	CE OF INJURY (Home, form, tary, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State)
21. I certify that I attended the deceas alive an	1			that I last saw the deceased d an the date stated above.  DATE SIGNED
/	meson		Ú	Unek !!
220. BURIAL CREMATION, REMOVAL (Specify) Burial 11/5/1960	Mount Olivet		22d. LOCATION (City, town, or Washington, D.	
23. FUNERAL DIRECTOR'S SIGNATURE W.W. Chambers Co. 51711t.	ADDRESS h St.S.E.Wash.I	240. REC'D	BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE

DATE

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## FOR STATE HEALTH DEPT.

TO DEPU MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any y is necessary, please exactive the certificate, writing the word "pending" in pencil In Item 18. Give Pages 1, 2, and 3 to the fully, x director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. We pages 1 and 2 with the State Board of Health, or ris designated agent, prior to burial, cremation, or removal, and in any sean within 72 hours after death.

VS. A15ME 5M 7/59

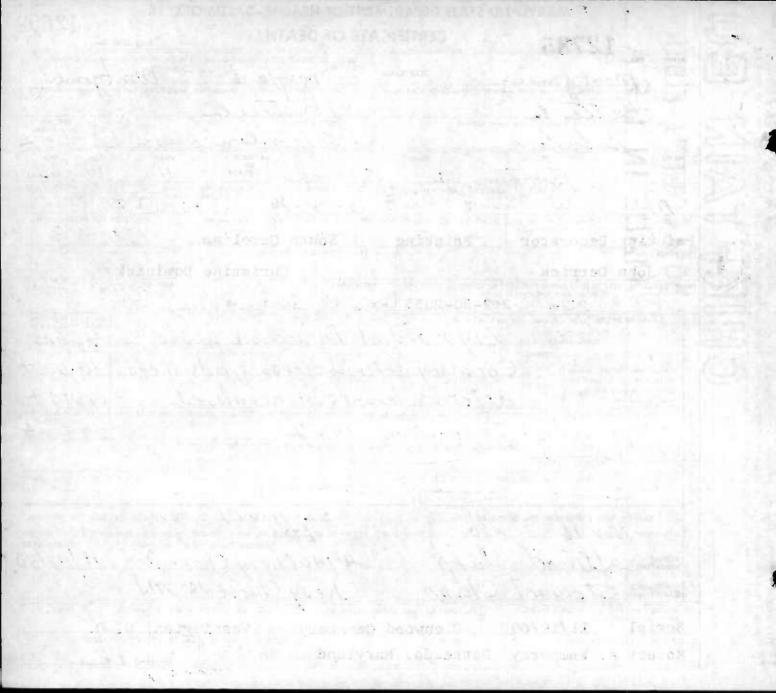
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION A STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12691

		LACE OF DEATH	2. USUAL RESIDENCE (Whare decaased lived, If Institution: Residence before edmission)
	•	COUNTY MUNTAINLY MARYLAND	a. STATE b. COUNTY M.
1			c. CITY OR TOWN (II outsida corporata limits, write RURAL end give nearest town)
1		write BORAL and give rightest town)	R S S S S S S S S S S S S S S S S S S S
N.		Colley DOM.	A Christa
н		NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
		Monto yeu Hors	YES NO Z
	3.	NAME OF First Middle	Last 4. DATE Month Dey Year OF
		Type or print)	Death now 12 1964
	5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	,	Heusle tol WIDOWED DIVORCED	2-9-27 lest birthdey) Months Deys Hours Min.
	106		27   11. BIRTHPLACE (Siete or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	de	e during most of working life, even if retired)	to A
	11	chool Warher	ma 21.5.6
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Л		Helere Deman	Buston Stewart
	15.	WAS DECEASED FOR IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address
	(10	, iio, of discoun) [[iiyesgivawarordalesorservice]]	louter & deur - Houth R-1 ml
	-	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).)	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
-		IMMEDIATE CAUSE (6) Themon hour	n
		DUE TO O	mud Thru heart ma
П		Conditions, if any, which gave rise to immediate cause	my thru neur
		(a), stating the underlying DUE TO	
		cause last. (c)	
	Z O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	CERTIFICATION		YES NO NO
~	Ĕ		Enter nature of Injury in Part I or Part II of item 18.)
	8	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Lat brand a soul near like
	7	20c, TIME OF INJURY Month, Dey, Yaer   20d, INJURY OCCURRED   20d, PLA	ACE OF INJURY (Homa, ferm, 20f. (City or town) (County) (State)
	MEDICAL	Hour The While Not While No While	ver flored mt Zin mnt, ml
	X		
		21. I certify that I took charge of the remains described above, he	ald an Autopsy , Inspection , Inquiry , and in my opinion
		death resulted from: Natural causes, Accident, Suic	ide . Homicide . Undetermined manner .
		1	CHIEF MEDICAL EXAMINER
)		SIGNATURE THEM & Buschart	A D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
		EXAMINER'S P	DEPUTY MEDICAL EXAMINER & 1/- 13-60
		NAME (Type) FLAUK J. 15 LOSCHALLY	Address (Streat, city, town, or county)
1	22a	BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY OF	R CREMATORY 22d. COCATION (City, town, or country) (State)
1	(	BEMOVAL (Specify) 11-16-60 Drowne	Grove Lostonsville, Md.
-	23:	TONERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
1	(	80. A.P.X 00 R. Q - 00 -	MOV 18'60   Other 8 th
Į.	1	Variation of missagen - Macreachle	ON Q DATE

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	19785 CERTIFICATE OF DEATH  Reg. Dist. No.
Page director	1. PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY  MARYLAND  North
death.	b. CITY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY IN 1b RURAL and give nearest town)  C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
2 show 2 show	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  A STREET ADDRESS  ON A FARM?  YES NO BE
illed in	3. NAME OF DECEASED (Type or print)  Single Print And Day Year OF DEATH 1/1 17 1960
d withir	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  WIDOWED NOT DIVORCED OF BIRTH  9. AGE (In years lost birthdoy)  Months 29ys Hours Min.
nd camp in pape death.	10a. USUAL OCCUPATION (Give kind of work done of the frequency during most of working life, even if retired)  Painting Decorator  Painting Decorator  Painting Decorator  Painting Decorator  Painting Decorator  Painting Decorator
ician or safer	John Derrick 14. Mother's Maiden Name  Christine Dominick
ng phys remay 72 haw	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  (Yes, no, or unknown)   If yes, give wor or doles of service)   262-50-2033   Alp M. Oerrick from M. EU.
the death he attendi hen please ent within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  NOCARCIAL Infarction acute  INTERVAL BETWEEN ONSET AND DEATH UNDEATH
quires that igned by the permit. I	Canditions, if any, which gave rise to immediate cause (a), stating the under-
physician as been sal-transit and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
IAN: The ending ficate hithe buri	20a. ACCIDENT WAS UNDERLYING CORE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.)
PHYSIC al ar att his certif r use as ematian,	20c. TIME OF INJURY Month, Doy, Year Hour a. m.  19 While Not while at wark at
inding the hashit the After sched for ourial, cr	21. I certify that I attended the deceased fram
RECTOR I be deto	ACTUAL SIGNATURE SURVEY Chase Dr. 11/17/60
ERAL O	PHYSICIAN'S Stewart Clapp Chevy Chase 15 Md.
o HOS may b O FUNI page	22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)  REMOVAL (Specify)  Burial  11/19/60  22c. NAME OF CEMETERY OR CREMATORY  Glenwood Cemetery  Washington, D. C.
VS A1S (4) 15M 9/58	Robert A. Pumphrey Bethesda, Maryland DATE NOV 1 8 '60



# FOR STATE **EALTH DEPT** 50 Give Pages 1. Give Pages 1. File pages 5. File pages 1. in Item 18. Gice along with f Office Chief Medical E iting the ward the the Chief Med age 3 shauld be 154 agent, designated

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TO DEPUTY MEDICAL EXA!	Ē	4 should are orwarded to	TO FUNERAL DIRECTOR: P.
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VS.	A	15/	ME
	M 2	2/5	7

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FilmG275 11-29-60 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY MARYLAND Montgomery b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negres! town! Bethesda 8 days Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE YES T NO TO Suburban Hospital NAME OF Middle Month Day Year DECEASED OF DEATH (Type or print) 11 Margaret 16 19 60 Diggins 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HRS. lost birthday) Months Hours Min. WIDOWED . DIVORCED [ 78 Female YES. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or fareign country) 12. CITIZEN OF WHAT COUNTRY? U.S. Penn. GOVT. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Eli Luckett Annie Agnes Holloran 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Rockville Address vor or dates of service) James Louis Diggins (son) 1312 Coral Sea, no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PULMONARY EMBOLISM SUDDEN IMMEDIATE CAUSE (a) DUE TO PERIPHERAL VENOUS THROMBOSIS Conditions, if any, which ] DAYS gave rise to immediate cause DUE TO (a), stating the underlying FRACTURE, RIGHT FEMUR cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19, WAS AUTOPSY PERFORMED? YES K NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) CAUSE OF DEATH. 20d. HARY OCCURRED 20e PLACE OF INJULY (Home, form, 20f. (Gity or town) factory, street, office bldg., etc.) Month, Day, Year (County) (State) Not while 1966 of work of work 21. I certify that I taak charge of the remains described above, held an Autopsy Kt. Inspection Inquiry 7 Suicide , Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER

opinion death resulted from: Natural causes . Accident A. ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jawn, or county) REMOVAL (Specify) WASHINGTON. 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Chrisma S. France 14TH. ST. N.W. DATNOV

A RESTAURA	SI JAOMINIAGAPTIASH	NO THEMPERSON	FLARVIAND STATE	the selection of
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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

TO HOSPITAL S. ATTENDING PHYSICIAN: The law requires that the death certificate be execut may be refull by the hospital or alterding physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and compage 3 should be detached for use as the burial-transit permit. Then please remove carbon pape the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A15 (4) 1SM 10/57

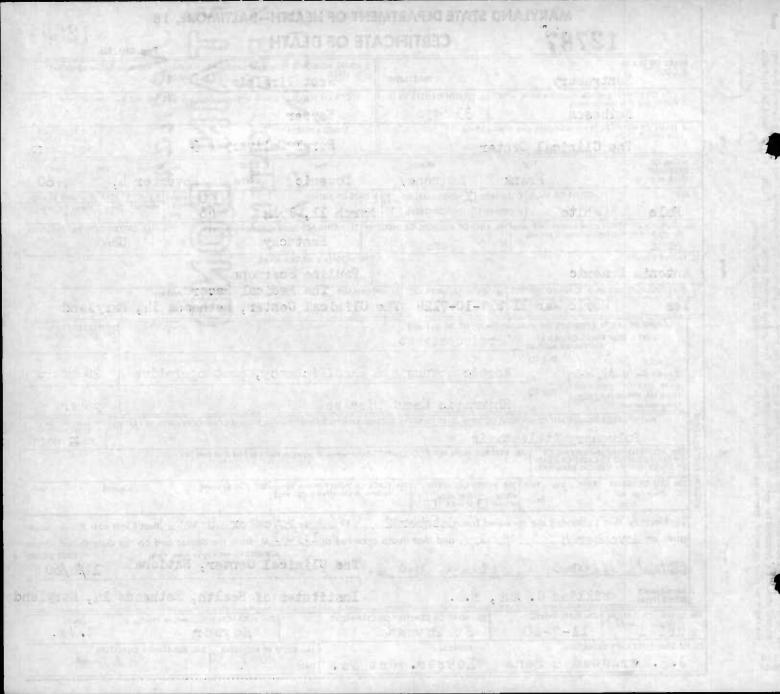
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12787

**CERTIFICATE OF DEATH** 

12694

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY MO1	ntgomery	MAR	2. USUAL I	est Virgin	b. COUNTY	ion: Residence b	efore odmissio	on)
b. CITY OR TOWN ( RURAL and give n	If outside corporate limits, v	c. LENGTH OF STA	Y IN 16 c. CITY	R TOWN (If outside o	corporate limits, write R	URAL ond give	negrest town)	-
OR INSTITUTION	TAL (If not in hospital, give Clinical Ce			T ADDRESS ural Deliv	very # 3		e. IS RESII ON A YES	
3. NAME OF DECEASED (Type or print)	First Fran	ık (non		lost 4. DA OF DE	,,,,,,,	mber 4.	/	eor 9 60
5. SEX Male		MARRIED NEVER MARR	The second secon	11, 1914	9. AGE (In years lost birthday)	Months Day	AR IF UNDER	-
10a. USUAL OCCUPATION during most of war None	ON (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS None			gn country)	12. CITIZEN	OF WHAT	COUNTRY
Antonio Do	omenic		Paul	r's maiden name ine Scarpo				
15. WAS DECEASED EVE	World War II				Recordada, Bethesda		ryland	
	mmediate ( Due TO	per line for (a). (b). ond (c) Cardiac arre  Aortic Steno	st	ficiency,	post opera	0	nterval bet nset and i	DEATH
lying couse lost.	(c)	Rheumatic He			SEASE CONDITION GIV	EN IN PART 1(a)	years	UTOPSY
	MONARY Atelectes As underlying   20%   CAUSE OF DEATH MEDICAL EXAMINER;	tasis . DESCRIBE HOW INJURY (	OCCURRED. (Enter notur	e of injury in Part I ar	Part II of item 18.)		YES 🔼	
ZOC. TIME OF INJUR Hour o. m. p. m.		20d. INJURY OCCURRED While Not while of work	20e. PLACE OF INJUR foctory, street, of	Y (Home, form, 20f.)	(City or town)	(Count	γ)	(Stote)
21. I certify the alive an Nave Actual SIGNATURE PHYSICIAN'S NAME (Type)	william C. A	Que n	t death accurred	ADDRES Clinical	from the couses of Street, city or town, Center, Nat	ind on the distance in the state)	DAT	d abay TE SIGNI 160
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	22b. DATE THEREOF	22c. NAME OF CEN St The	METERY OR CREMATORY		CATION (City, lown, o	or county)	(Stote) W.V.	
J. H. M. a.	s signature	ADDRESS S Kevser	West Vo	HOLE	GISTRAR 246. REGIS	STRAR'S SIGNAT		



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2011		ed by t	mit. T	o lovo
יבלחו	ion.	en signe	nsit per	or rem
20.00	physic	hos bee	rial-tra	notion
The law requires find the decirit certificate be executed within 24 floors offer decirit.	Hending physician.	ifficate hos been signed by the attending physician and campletely filled in the funeral director,	the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with	thought a standard Contraction and a second or standard for

12707

	D FUNERAL STRECTOR: After this certificate has been signed by the attending physician and campletel	page 3 shauld be detoched for use as the burial-transit permit. Then please remove carban papers. P	the State Board of Health prior to burial, cremation, or removal, and in any event, within 22 hours after
	igned by	permit.	removal,
ding physician.	ate hos been si	burial-transit	crematian, or r
spital or atten	ter this certification	for use os the	prior ta burial,
d by the ha	RECTOR: AF	be detoched	d of Health p
may be retailed by the haspital or attending physician.	FUNERAL ST	poge 3 should	the State Board

VR A1S (4) 1SM 9/59

1.	PLACE OF DEATH				itution: Residence before admission)
	o. COUNTY Mont gomery	MARYLAND	o. STATE	b. COUN	4TY 7X 3
	b. CITY OR TOWN (If outside dorporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	tside corporate limits, wri	te RURAL and give nearest town)
	Takoma Park	32 mg.	Washi	not on	15
	d. NAME OF HOSPITAL (Menot in hospital, give street OR INSTITUTION STATES AND ANY		d. STREET ADDRESS	7	e. IS RESIDENCE
			1511 Va.	8 <	ON A FARM?
2	NAME OF First		13/4 Va	4. DATE	21 111111
	DECEASED	Middle		OF DEATH	Month Day Year
-	(Type or print) GEORGIF		DONNAN		15 1960
5.	1/1/		B. DATE OF BIRTH	9. AGE (In ye lost birthdo	Months Doys Hours Min.
	F.O. WIDOWE	-	1-eb.19.18	11 89	yrs.
10c	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTRY
	Housevile		Marul	and	45
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Harry Cossins		500	a Rowe	
15.	A	SOCIAL SECURITY NO. 17. IP	IFORMANT	0	Address 4.1 O
Ye	s, no, or unknown) (Hyes, give war or dates of service)	M	1	( ) - Da	1514 Van Buren
=	No	1/14	5. Dasin berr	e caughte	) Washington 12
10	18. CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).]	1/ 1/ 0		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	yperleneine	- Heart X	beller	15-12
	443 × DUE TO	1"	10-01	0	
	Conditions, if ony, which ) (b)	eneralized	Wilewoo	cherosto	25 kg/k
	gove rise to immediate				
	couse (o), stoting the <u>under-</u> lying couse lost.				
Z	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATION					PERFORMED?
	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	art I or Port II of item 18.	
CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	EMBE 11011 HIJORI OCCORNE	s. (emo: noioro or injury in ro		
AL O		loo e		last in	
DIC.	20c. TIME OF INJURY Month, Doy, Year 20d. In Hour o. m. While	JURY OCCURRED 20e. PL Not while	ACE OF INJURY (Home, form, story, street, office bldg., etc.)	i 20t. (City or town)	(County) (State
MEDI	p. m. 19 of worl				
	21. I certify that (I) (this haspital) attend	ed the deceased from	OCT / 195	95. to NOV	15, 19 60) that (1) (we) las
1	saw the deceased alive an OCT 19				and an the date stated above
	220. SIGNATURE	Tolla mar c	Jedin decorred di 22	vi, irom me cooses	22b. DATE
	- Khy 6. 6	241.178	M.D. PHYS. DIRE	STAFF PHYS.	SIGNE
	22c. PHYSICIAN'S	Juli 19	22d. ADDRESS	CIOR   PHIS.	11
	NAME (Type)	SUEPETT	9300 /16	NAI ATT	Rougeland
	- COT 10 C . L	-112611	17700 00	1010,1106	1 Golden Jun
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 2	23d. LOCATION (City, tov	wn, or county) (Stote)
	Buria1   11/18/60		Cemetery	Washing	rton.D.C.
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1	11 4 0 100	EGISTRAR'S SIGNATURE
	At Humen Co. o	2901 140	UN WOATE NO	V 1 6 '60	arthur S. Thank

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		12707	
April 1			
<b>国内公共等</b>			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	The second		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12681CERTIFICATE OF DEATH Reg. Dist. No il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) MOUNTY o. STATE b. COUNTY MARYLAND funeral CITY OR TOWN (If autside carparate limits, write RIRAL ond give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN\_(If outside corporate limits, write RURAL and give nearest tawn) 0 NAME OF HOSPITAL (If not in hispital, give street address) d. STREET ADDRESS 0 NAME OF First Middle Lost DATE filled DECEASED (Type or print) DEATH ages IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Manths WIDOWED [ DIVORCED | papers. comp 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Chestertown, Md. and Housewife pou pe 13. FATHER'S NAME after 14. MOTHER'S MAIDEN NAME 500 physician certificate 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (If yes, give wor or dates of service) Nursing Home Records attending eose death 1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] a, PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO py Canditians, if any, which permi te has been signed burial-transit permi gave rise to immediate DUE TO cause (a), stating the underlying cause last physician CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remayal, attending 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II ar Part III af item 18.) certificate SO MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) USe a. m. While Nat while at wark at wark After 21. I certify that I attended the deceased fram. 1964hat I last saw the deceased and that death accurred at 10/15 R ATTENE d by the l M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL oy be he for a 3 short reference PHYSICIAN'S NAME (Type) 22a. BURIAL, GREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar caunty) page REMOVAL (Specify) Rock Creek Cemetery Washington hurial 0 23. FUNERAL DIRECTOR'S SIGNATURE Wash. D. C240. REC'D BY REGISTRAR **ADDRESS** 24b. REGISTRAR'S SIGNATURE arthur S. Thous VS A15 (4) The S.H.Hines Co., 2901 14th St. N.W. DATEOV 1 4 '60

15M 9/5B

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

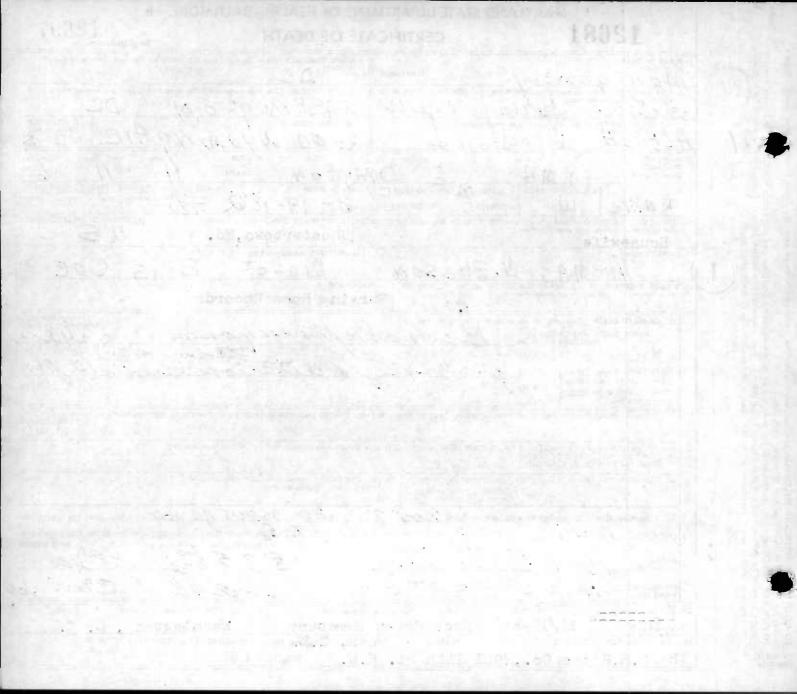
(County)

Day

YES NO

Year

1960



2 shauld be

Then please remave carbon papers. Pages I and

TO HOSPITATOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has may be really by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and

VS A15 (4) 15M 9/58

the registrar priar to burial, cremation, ar remaval, and in any event within 72 hauge afferdeath.

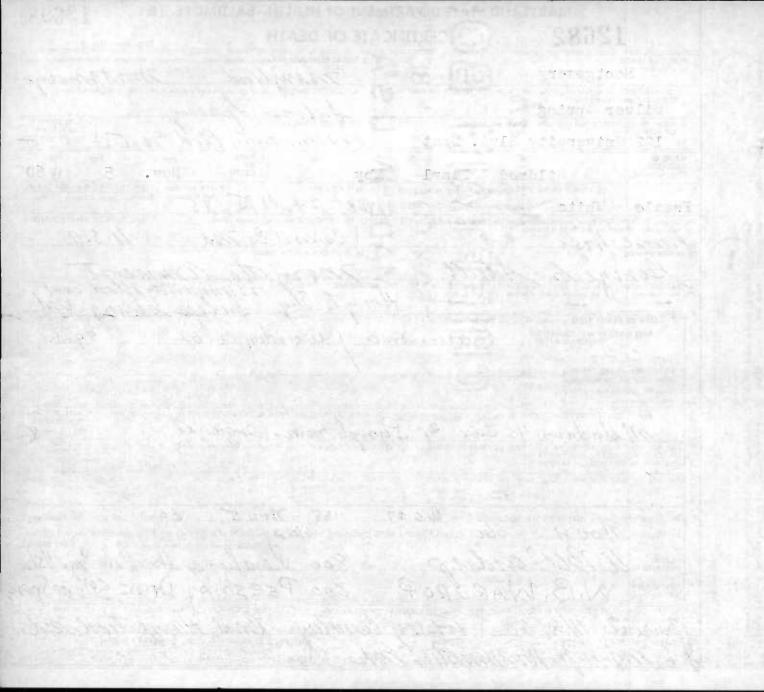
after death. Page 4 the funeral director, filed with 12698

12682

### **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY mt 3muss
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Silver Spring	c. CITY OR TOWN (If autside carporate limits, write RURAL and give pearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 122 University Blvd. East	d. STREET ADDRESS  127 Unwowsity Blod. Sast PES NO 2
3. NAME OF First Middle  (Type or print) Mildred Pearl E	Lost 4. DATE Manth Day Year OF DEATH NOV. 5 19 60
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     Female   White   WIDOWED   DIVORCED	8. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday)  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday)  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday)  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday)  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday)  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday)  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday)  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday)  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday)  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday)  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday)
10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  (4. S. Q.
Berne & Stull	14. MOTHER'S MAIDEN NAME  Minutha Armanost
15. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) If yes, give wor or dates of service)	Mry & Shy 122 University Blod East.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO	a f ascending Colon 3 gears.
Canditians, if any, which gove rise to immediate cause (a), stating the under-lying cause last. (b)	
Metastam to Live by Life	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED?  YES \( \subseteq \text{NO PERFORMED?} \)  YES \( \subseteq \text{NO PERFORMED?} \)
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I ar Fort II of item 18.)
	LACE OF INJURY (Hame, form, 20f. (City or tawn) (County) (State actory, street, office bldg., etc.)
21. I certify that I attended the deceased fram Rec 27 alive an 200 4, 1900, and that death	, 1958, to Nov 5, 1969, that I last saw the decease h accurred at 6 0 M, fram the causes and an the date stated above
ACTUAL GOTBU Cudrop	M.D. 800 Personage Bus of the April 15
PHYSICIAN'S WIB, WARDROP.	800 PERShing Drive Stupe Spi
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CO.	Comelay Penal, Hampstead, Med
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS MELLE THE	DATE  240. REC'D BY REGISTRAP 246. REGISTRAP'S SIGNATURE  Thing S. Thins



	12788	CERTIFICA	TE OF DEATH	ORE I, MARILAND	12599
1.	PLACE OF DEATH  o. COUNTY  MONTGOMERY  b. CITY OR TOWN (If outside corporate li	MARYLAND mits, write   c, LENGTH OF STAY IN 1b	o. STATE MARYLAN	ID b. COUNT	Y MONTGOMERY  RURAL and give nearest town)
	RURAL and give nearest lown) BETHESDA	18 days	34	ESVILLE	
	d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION SUPPLIE		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED	First Middle		OF DEATH	Day Year
5.	SEX 6. COLOR OR RAC		EDWARDS  B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
	a. USUAL OCCUPATION (Give kind of war during most of warking life, even if retir	WIDOWED DIVORCED DIVORCED No k done 10b. KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	County 180, Mon	14. MOTHER'S MAIDEN N	AME	4.5
ris	MAS DECEASED EVER IN U. S. ARMED FI		UNKNY	www Ad	dress
(1)	es, no, or unknown) (If yes, give war or dates		Mr. J.R. Lilla	ard Barnesy	
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE  DUE	(e) CONJECTIV		RE-	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	(b) OLD C. V	• A		
CATION	PART II. OTHER SIGNIFICANT CO	DNDITIONS <u>CONTRIBUTING TO DEATH</u> BU	IT NOT RELATED TO THE TERMIN	val disease condition G	IVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE)	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Po	ort I or Part II of ilem 1B.)	
MEDICAL		While Not while	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	saw the deceased alive an	ral) attended the deceased fram	7/15	M, from the causes a	1960, that (I) (we) last and an the date stated above.
	22c. SIGNATURE	? Beeman		D. STAFF PHYS. [	22b. DATE SIGNED
	NAME (Type)	D-BEFMAN		LVER SPRI	vc, MD.
	G. BURIAL, CREMATION, 23b. DATE THE	REOF 23c, NAME OF CEMETERY	cey	Bullsull	e mo
24	FUNERAL DIRECTOR'S SIGNATURE	Darwang WCG,		ALVERT TO THE STATE OF THE STAT	Distrar's SIGNATURE

A RENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauss after death. Page 4 d by the haspital ar attending physician. TO HOSPITA

VR A 15M 9/59

arthur S. Kraus

12788 The production of the State of

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	(3)	12700 CERTIFICATE OF DEATH  Reg. Dist. No.
director	M	1. PLACE OF DEATH a. COUNTY O. STATE O.
e funeral		b. CITY OR TOWN (If purside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give neares flown)  PURAL and give peores! town)  ARK MD  D/448  1-144 TTSVICE  Lin  Company  Compa
1	075	d. NAME OF HOSPITAL (If not in hospital) give street oddress)  ORANGO THE STREET ADDRESS  SELY 30 TT AVE 60-200 NO A FARM?  SELY 30 TT AVE 60-200 NO A FARM?
Pages 1 an		3. NAME OF DECEASED (Type or print) LISA HWN E/ARLICI+ 4. DATE OF DEATH NOW 12 19 60
-		5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  WIDOWED DIVORCED 1// 7 60 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Mours   Min.
ond camplet bon papers. ir death.		10a. USUAL OCCUPATION (Give kind of wark dane of the life during post of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. BIRTHPLACE (State or foreign country)  14. BIRTHPLACE (State or foreign country)  15. BIRTHPLACE (State or foreign country)  16. CITIZEN OF WHAT COUNTRY?
ofte	(1)	ROBERT A . EHRCICH CARD ANN ADAMS
ing physici e remove 72 hours		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes. no. or purposer)   11 yes, give wor or doles of service) NONTE ROBERT CHRISTIAN  ROBERT CHRISTIAN  30. THE AVI
the ottending Then please revent within 72		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)-]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
igned by permit.		Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> Using cause last.
physicion, as been si ol-transit aval, ond	^	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES   NO   2
ending ficote h the buri	U	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
his certified use as emation		20c. TIME OF INJURY Month, Day, Year Haur a. m. While Not while at work at work at work at work at work at work at work.
the hospito OR: After the etoched for a burial, cre	1	21. I certify that I attended the deceased fram. 1/7, 1960; to 1/2, 1960, that I last saw the deceased olive on 1, 1960; and that death occurred of 3.30 P.M. from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
by de		SIGNATURE A Tauley of Bleunather 10620 George Bilor Space NUR,
FUNERAL FUNERAL Soge 3 shou	0	PAME (Type)  220. BURIAL, CREMATION,   22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, lown, or county). (State)
- 2	D'	CREMOVAL (Specify) 11-12-60 WAShington SmithRium & Hespital TAKeme PK, MM. 22 FUNERAL DIRECTOR'S, SIGNATURE  ADDRESS  AD
VS A15 (4) 15M 10/57	ros	Robert A. Have M.D. Washington Jan & Nospate World S. Thomas

MERYLEND STATE DEPARTMENT OF HEALTH - BALDMICKE, TH

# · FOR STATE TO DEPU MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any yis necessary, please exacts the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the interface. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages, and 2 with the State Board of Medition or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12781 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Н	1. PLACE OF DEATH  e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, It institution: Residence before edmission)
	Montgomery Maryland	*. STATE Maryland b. COUNTY Montgomery
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
1	Damascus	Burtonsville
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d, STREET ADDRESS  o. IS RESIDENCE ON A FARM?
1	9113 Gue Rd.	Blackburn Rd. YES NO
	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer
	(Type or print) Charles Franklin Ell	
	The state of the s	DATE OF 8IRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
1	Male   White   widowed □ DIVORCED □	4/8/97   63 yrs.   Months   Deys   Hours   Min.
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Carpenter - Norman L. Elliott Constru	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Thomas Marshall Elliott	Myrtle Frances Kidwell
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I (Yes, no, or unknown)   (Ifyesgive wer or dates of service)	NFORMANT Address
1	no 215-26-3520 N	forman L. Elliott, Burtonsville, Md.
1	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED 8Y: Coronary occl	usion onet and Death
1	H20 DUE TO	
1	Conditions, if eny, which (b)	
	geve rise to immediate cause (e), stating the underlying  DUE TO	
1	cause lest. (c)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
1	5	YES NO
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter neture of Injury in Pert I or Pert II of item 18.)
	Hour e.m. While Not While	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
1	21. I certify that I took charge of the remains described above, he	Id an Autopsy . Inspection . Inquiry . and in my opinion
	death resulted from: Natural causes X, Accident J, Suici	de, Homicide, Undetermined manner
	ACTUAL A 12 -	ACCICTANT MEDICAL EVALUNED
	SIGNATURE MANY OF SUSTAINED	M.D.
	EXAMINER'S Frank J. Broschart	Address (Street, city, town, or county)
	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
	BURIAL  11/5/60 Burtonsville Un	
	23 FUNERAL DIRECTOR ADDRESS SILVER SPRING	MD. 240. REC'D 8Y REGISTRAR   24b. REGISTRAR'S SIGNATURE
	Dymond W. ziska	DATE . TOTAL

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### **CERTIFICATE OF DEATH**

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	neg. Die	
1. PLACE OF DEATH a. COUNTY MARYLANI MARYLANI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE by And by COUNTY More	e before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN of autside carporate limits, write RURAL and gi	ive nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	1 d. STREET ADDRESS 6431-7912.5t.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  706/e B Middle	Lost 4. DATE Month OF DEATH HOUS	Day Year 30 1960
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED		TYEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if tetired)  L. S. Gou'T	MARYLAND	S.A
MILTON FRANCIS EMBREY	MARY ELIZABETA, CAY	wood.
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or/unknown) (If yes, give wor or dates of service) 578-32-4521	Mrs. P. Clark-2317 Blueridge	Niece Ave.
18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	in fortition	INTERVAL SETWEEN ONSET AND DEATH 2 CONS
Canditions, if any, which gave rise to immediate (b)	supolion,	Hays
cause (a), stating the under- lying cause last.    DUE TO: The Burbasis   g	ight Ausiculas Approace	days
CATIC	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVENUM PART	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I ar Part II af item 18.)	)
Zoc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e Haur a. m. 19 While Not while at wark at wark	e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (C factory, street, affice bldg., etc.)	aunty) (State
21. I certify that I attended the deceased from NOV alive an NOV 30 , 1966 , and that de-	ath accurred at 7,357 M, from the causes and an the	st saw the deceased
ACTUAL SIGNATURE SHAPER A Beeman	ADDRESS (Street, city or town, state)  M.D. 10620 GEORGIA AVE.	DATE SIGNE 11/30/60
PHYSICIAN'S EDWARD A BEEMAN	SILVER SPRING, M	D
22g. 8URIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER Burial 12/5/60 Potomac (	22d. LOCATION (City, town, or county)  Church Cem.  Potomac, Maryl	(State)
23. FUNERAL DIRECTOR'S SIGNATÚRE ADDRESS	24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIG	
Robert A. Pumphrey Bethesda, M.	Maryland DATE DEC 6 160 arily 8.	/ Claude

the funeral director, should be filed with ottending physicion and completely filled in remove corbon popers. TO HOSPITAL OR ATTENDING PRIVIOUS physicion.

may be retailed by the hospital or aftending physician and common be retailed by the ottending physician and common to FUNERAL STRECTOR: After this certificate has been signed by the ottending physician and common as should be detached for use as the burial-transit permit. Then please remove corban populates 3 should be detached for use as the burial-transit permit. Then please remove corban population of temporal properties. VS A15 (4) 1SM 9/S8

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou

ofter death. Poge 4

22 J2-952H Hrs. Delilark-2517 Bilighirds Aug.

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ingital 12/9/00 Polowac Church Cev. Portuges, which have

H. Flynneit and J. W. Winds - Songlistadi. Abundadi. Swedfall J. A. Bon Die J.

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THE ASSESSMENT OF THE PROPERTY 

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D HOSPITALOR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haus after deoth. Page 4 may be read by the haspital or attending physician.  D FUNERAC DIRECTOR: After this certificate hos been signed by the attending physician and completely filled if the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremotian, ar removal, and in any evertwithin 72 hours after death.	7 7 790
at the deoth certificate be executed the attending physician and complex Then please remove carban papers, and in any event within 72 hours affi	1
CIAN: The law requires the trending physician. Hitcate has been signed by the burial-transit permit. Id, cremotian, ar removal,	0
TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauss after death. Page 4 may be red by the haspital ar attending physician.  TO FUNERAC DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremotian, ar removal, and in any event within 72 hours after death.	1

after death. Page 4

12/44	CERTIFICA	IE OF DEATH			
PLACE OF DEATH O. COUNTY M Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary)	nere deceased lived. If insti Land b. COUN	itution: Residence b	ne ry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Kensingto n	e c. LENGTH OF STAY IN 16		Spring 3	e RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give structure or institution Kensington Gardens	eet address)	d. STREET ADDRESS 10,411 Amhe	erst Ave.		e. IS RESIDENCE ON A FARM? YES NO 🔀
	Middle M.	EWING Last	OF	ember 1	Day Year 19 60
Male White wind	OWED DIVORCED	B. DATE OF BIRTH 10/25/78	V =	yrs. Months Day	
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Al Lawyer (retired)	the Property Cus	Washi	ngton, D.C.	U.S	· A .
3. FATHER'S NAME		14. MOTHER'S MAIDEN N			
Charles Ewing		Virginia N		* * * *	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) Yes  Spanish America	2/	s. Kathleen E.		Address gremont,	Mass.
18. CAUSE OF DEATH [Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  Conditions, if any, which gove rise to immediate couse (a), stoting the under- lying cause lost.  DUE TO  Could to the course (b) DUE TO  DUE TO	Chronic Cardi Generalized A Small Cerebra	rterioscle	cosis		NTERVAL BETWEEN DISSET AND DEATH DOD WIC
PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION	GIVEN IN PART 1(	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II of item 1B.		
Hour o. m. Wh	£ a.	ACE OF INJURY (Home, form tory, street, office bldg., etc		(Cour	nly) (Slote)
21. 1 certify that (1) (this haspital) atters saw the deceded alive an NOV		Oct 25 19	60 to NOV.		
22a. SIGNATURE	hit solesu	ATTENDING M	ED. STAFF PHYS.	Nov	22b, DATE SIGNED
22. AHYSICIAN'S NAME RObert T. Thibs	deau, M.D.	22d. ADDRESS 10609 Cor	ncord St.,	Kensing	gton, Md.
30. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O ARLINGTON NAT		23d. LOCATION (City, toward ARLINGTON,		(Stote)

SILVER SPRING, MD.

iska.

25o. REC'D BY REGISTRAR

NOV 4

DATE

'60

25b. REGISTRAR'S SIGNATURE

Cirching S. Kraus

VR A15 (4) 15M 9/59

HYARISO STARRING and the same designation of the land of th ca in the latest away with the state of the 200 55000 WIT U .EV We will do not in the little to be the little to be a second of the little oder to your transfer of the state of the st The division of the few and the second secon A STATE OF THE STA 

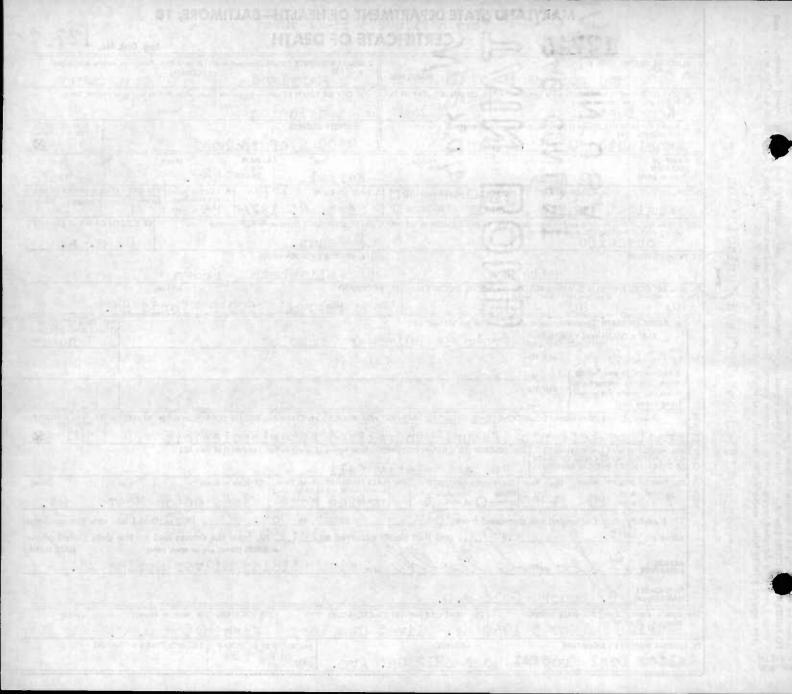
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	Item 8 FilmG2/5	11-55-00
2745	CERTIFICATE	OF DEATH

Reg. Dist. No. 12707

	ontgomery		MARY	LAND	o. STATE	aryl.		lived. If institut b. COUNTY	1	t gom	
b. CITY OR TOWN (I RURAL and give no	f outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If o	outside corpore	ote limits, write l	RURAL ond	give neares	f fown)
Kensin	rton		1 1/2 Mc	) .	Ken	sing	ton	-	+1		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	give street	oddress)		d. STREET A	DDRESS				e. I	IS RESIDENCE ON A FARM?
	ton Garde	ns S	ant.		9500	Bye	forde	Road			ES NO NO
3. NAME OF DECEASED (Type or print)	Fit		Middle		losi		4. DATE OF	Мо	nth	Day	Yeor
5. SEX	Anna				Farre	-00 -000	DEATH	Nov.	2	. ME LETLE	1960
		0.00	RIED NEVER MARRIE		B. DATE OF BIRTH	4 1	375	lost birthdoy)	Months		UNDER 24 HRS.
Female	white	WIDOWI	Name of the last o	_	Sept.	8,	1///	85 yrs.			
10a. USUAL OCCUPATION during most of work HOUSEV	cing life, even it retired	done 10b.	KIND OF BUSINESS OF	RINDUS	Peni		of föréigh cou	intry)		S.	WHAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S		IAME			• 10 •	Pi •
	Rit.	chev			167	izab	oth	Brown			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.		17. H	NFORMANT	LZOU	COLL		fress		
NO	Ilf yes, give wor or dates of s	service)		J	ohn Far	rell	9500	Brefo	rde l	Rd.	
Conditions, if or gove rise to in cause (o), stoting lying couse lost.  Part II. OTHER TOTAL CONTROL OF THE CON	the under DUE TO  DUE TO  GER SIGNIFICANT CON  Left hi	D (f	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	erosis		P	MAS AUTOPSY PERFORMED?
		or 20d. It	. apparen		CE OF INJURY (	lome, farm	20f. (City o	or town)	10	County)	(Stote)
WEDICA TIME OF INJUR Hour o. m.	70 77 19	While of wor	Not while	fac	tory, street, office	bldg., etc.	1	singto			15.4
21. I certify the alive an OC the signature of the signat	Lenord.	decease, 196	od from July of and that	death	occurred at.	, ta 00	2t. 30 2M, fram ADDRESS (Street)	the causes of the city or town, silver	2,that I I and an th state) Spri	ast saw ne date	DATE SIGNED
REMOVAL (Specify)	NOV 5		Mt. Oli			ery		on (City, town,	-	C.	(Stote)
23. FUNERAL DIRECTOR		1	ADDRESS			24a. REC'I	BY REGISTR	AR 24b. REGI	STRAR'S SIC		
Walter De	al Himory	H Cc	ama 1079	120	5	NO	V 1 4 '60	C	Vinery &	Times	



Bethesda, Maryland

DAT DEC 2

aring S. Traves

VS A15 (4)

15M 9/5B

A. Pumphrev

A District of the Control of the Associated Residue Control of the Crown and Carlot of the Mar or record and and the March March and got of A. Cumphesus Betterson, state of the decision of the de ofter death. Page 4

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITA

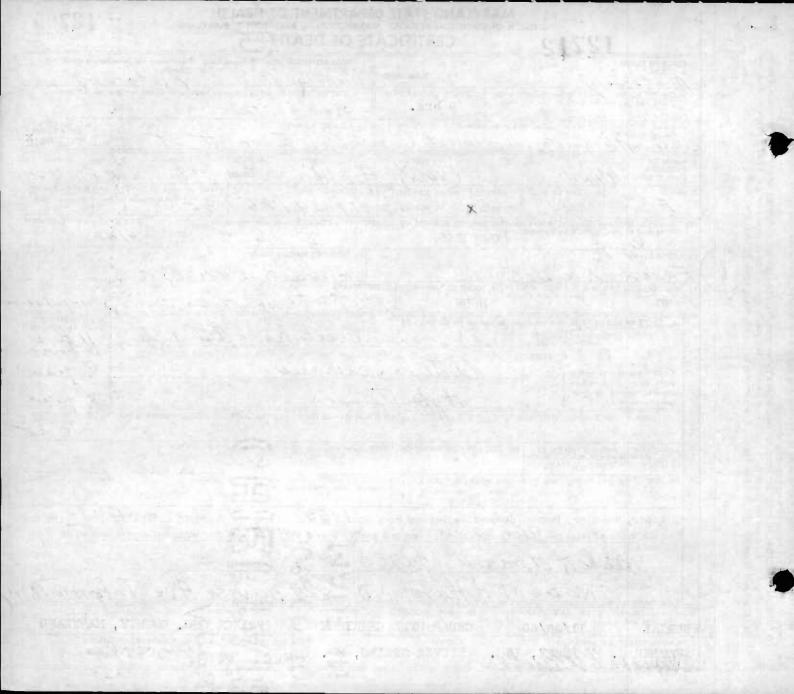
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

19719

12709

1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE b. COUNTY	
b. CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and	
BURAL and give nearest tawn).		c. CITY OK TOWN (if outside corporate limits, write KOKAL did	give nearest tawn)
Takoma PARK	9 hrs.	Kensington	+1
d. NAME OF HOSPITAL (If nat in haspital, give street	address)	d. STREET ADDRESS	e. IS RESIDENCE
Washington Sanitariuma	Macn. tal	WIDI FURLOHIST	ON A FARM?
Duspingin Suniversity	14-2/11	Pro housell of	
3. NAME OF DECEASED (Type or print) MARY	(NMN)	Lost 4. DATE OF DEATH // Manth	26 1960
S. SEX  6. COTOR OR RACE  WIDOWI		B. DATE OF BIRTH  11   24   85   9. AGE (In years last birthday)  75 yrs.	Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12.CII	IZEN OF WHAT COUNTRY
during mast af warking life, even if retired)	NN HOME	T 11. A.	mr.
Kelly	121 1201223	1 //0 ///	// .
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
FRANK KASNICK		Augusta Miller	
IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 11	NFORMANT Address	Records
(Yes, no, or unknown)   (If yes, give war or dates of service)	NONE /	of Chantly 1: + 5 + +:	aller +
NO	NONE	+ Charl Washington Zanitarium	" 1403 p. 1 a.
1B. CAUSE OF DEATH [Enter anly one cause per li	ne far (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	6	· Ocalman - Hist neuto	ONSET AND DEATH
IMMEDIATE CAUSE (a)	coronary	cert minut pay action	11000
DUE TO	1	Λ '	6.00
Canditians, if any, which ) (b)	(lilereo 3	cleroses	1 Years
gave rise to immediate (	1 1		1
cause (a), stating the under-	HuberT	01111100	4 4
lying cause last. (c)	117/2000	accus - C	7-22
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPS PERFORMED?
AT			YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIRE HOW IN HIRY OCCURRE	D. (Enter nature of injury in Part 1 or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE FIOW INSORT OCCORRE	E. (Eller Halore of Impo) in fact of the second	
			(County) (Stat
Haur a.m. While at war	INDI WHITE	ctary, street, affice bldg., etc.)	
p. m.	K G at work	155-	<i>(</i>
21. I certify that (I) (this haspital) attend	ded the deceased fram.	1955 19 to W Mov. 76 19.	60, that (1) (we) la
saw the deceased alive an Mor	25 1960 and that	death accurred at 4.20 of from the causes and an th	e date stated above
22a. SIGNATURE	C dia mar	geam accorded digg,we from the educes and an in	22b. DATE
· Kobert aftar	e min	M.D. PHYS. MED. STAFF PHYS.	SIGNE
22c. PHYSICIAN'S NAME (Type) Robert	A Have M	D. 809 Davis Ave 7	akorna PA
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY 23d. LOCATION (City, town, or county)	(State)
REMOVAL (Specify)		The state of the s	and the second second second
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS CDD T	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S S	IGNATURE
WARNER E. PUMPHREY, INC.	SILVER SPRI	NG, MD. DATEDEC 1 '60 Crithin S.	Thalla



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIEICATE OF DEATH

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	19713 CERTIFICA	IE OF DEATH
	PLACE OF DEATH  D. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If autide corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
V	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  ON A FARM YES NO
	NAME OF DECEASED (Type or print)	Fincham 4. DATE Month Day Year DEATH 1960
S. S	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years lost birthday)  Wanths Days Hours Mir
10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Onw home	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT  WASHINGTON, D.C.
13.	EATHER'S NAME	14. MOTHER'S MAIDEN NAME  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUPITINGO. 17. IN (If yes, give war or dates of service)	FORMANT Address  Address  Address
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carallellar inf	arction and necrosis Interval BETWEEN ONSET AND DEAT
	Conditions, if any, which gave rise to immediate (b) Cerefellar a	rterial occlusion about 20
-	lying cause last.  DUE TO Cerebellar arte	trial Sclerosis years
ICATION	Marked pulmo vary atolect	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 9. WAS AUTOP PERFORMED YES D NO
L CERTIFI	20g. ACCIDENT WAS UNDERLYING   20b. DESTRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 19%)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. While at work of work 20d. INJURY OCCURRED foc	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (Statest, affice bldg., etc.)
		eath accurred at 2 AM, from the causes and an the date stated about
		ATTENDING MED. STAFF 11-19-60 SIGN
	PZC. PHYSICIAN'S READ N. CALVERT, M	.D 7894 Georgia Ave., Silver Spring, 1
	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CEME	
24.	LACTORIAL A JUSTA	IG, MD. 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE Carthur S. Kraus

he funeral director, er death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs, may be returned to by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the State Board at Health prior to burial, cremation, or remayor and the gay event, within 72 haurs after death. VR A1S (4) 1SM 9/S9

THAT solve marginal sector RESIDE A TOTAL PROPERTY OF THE Or Controller in the star and married we Charleton on the San Waller Charles to the terminal well and the The printerior of the contract of the contract of the - READ N. CALVERT, MID TRAY GERMARYE, SINET SCHOOL A STATE OF THE STA

AARYLAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1. MARYLAND** MEDICAL EXAMINER'S HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence files. Realth, a. COUNTY Prince director. Page b. CITY OR TOWN (if outside corporale limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 16 CITY OR LOWN (If outside corporete limits, write RURAL end give neerest lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE 0 ON A FARM? Washington ... NAME OF YES NO ould be executed within 24 hours after death. If any in pencil in Item 18. Give Pages 1, 2, and 3 to the fa DECEASED OF (Type or print) DEATH Page 5 may be re I and 2 with the 72 hours after oreman 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months WIDOWED [ DIVORCED USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pages I and done during most of working life, even if retired 9 and Electrician
13. FATHER'S NAME pages 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detas of sarvica 20 18. CAUSE OF DEATH [Entar only ona causa per line for (a), (b), and (c). ONSET AND DEATH DEATH WAS CAUSED BY: sulden IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which "pending" gave rise lo immadiate cause (6) the the certificate, writing the word "pending" is forwarded to the Chief Medical Examiner's DUE TO (e), stating tha underlying 98 causa last. pe nseq cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO M plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of Injury In Part I or Pert II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, ferm, ! 20f. (City or town) 966 (County) (State) factory, street, office bldg., etc.) While 0 Hour e.m. Not While et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🗷 and in my opinion designated agent, Accident death resulted from: Natural causes X Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 11-11-61 toschart DEPU ease ex Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) Burial George Washington Mem. 0 Z40 Cem. Hyattsville. 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Cathun S. Kraum Washington 9, D.C. DATE NOV 1 4 '60 5M 7/59

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515	-	SE OF DEATH.	NIKIBUTING []	1	. 11	0 /	1 1	4		1. do	to
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5	MEDI	Hour a.m. p. m.	3:15, Nov.	92 . While	ork of work	1 13	lato	Was	hington	D.C.	
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5 6	220. BUI		11166	EOF O	ADDRESS	VILLU		D BY REGIST	ashwe	or equity)  La  STRAK'S SIGNA  TIME 8, 7	TURE



\*MINER: This certificate should be executed within 24 hours after death. If any y is necessary, the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to the funeral director. Page the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to the funeral director. Page 1, 2, and 3 to the form PM3. Page 5 ms - etained for your files.

S TO DEPU

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND 1271 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) a. COUNTY Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Takoma Park. Md. 12 hrs. West Hvattsville, Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2118 Ravenswood Street YES NOX Washington Sanitarium & Hospital 4. DATE DECEASED DEATH (Type or print) 60 19 Remard Mason Funk. Sr. 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Hours WIDOWED [7] DIVORCED White Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Self-employed USA Maryland Master gas fitter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Dora Anderson Recorded FREDERICK FUNK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, unkown) | (Ifyasgiva war or datas of sarvica) Hospital records 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral hemorrhage and laceration IMMEDIATE CAUSE (e) DUE TO bullet wound in skull 13 hours Conditions, if any, which gave rise to immadiela causa DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO 138 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of item 18.) PRIMARY or CONTRIBUTING Self inflicted bullet wound in right skull 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (Stele) factory, street, offica bldg., atc.) While Not While 10/31 19 60 at work at work \$ son's home West Hvatts. P.G. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection x, Inquiry x, and in my opinion Suicide & Undetermined manner death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Frank J. Broschart. NAME (Type) Addrass (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d, LOCATION (City, Iown, or country) REMOVAL (Specify) Arlington Nat 1. Cemetery BURIAL Arlington, Virginia 11/4/60 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE RNER E. PUMPHREEL. Chilling S. France SILVER SPRING. MD.

DATE NOV 7

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1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who	ere deceased lived. If instit	tution: Residence b	efore admission)
Montgomery	MARYLAND	Maryland	6. COUN	Tontgome	ery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		itside corporote limits, write		
Bethesda		Bethesda		20	
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t address)	d. STREET ADDRESS		1	e. IS RESIDENCE ON A FARM?
AEAO 113 Amon Tono	ethesda, Md.	4548 Winds	or Lane,		YES NO
3. NAME OF First	Middle	Last	4. DATE N	Aonth	Day Yeor
(Type or print) UUIA	A	GARGNER	DEATH /VOV	EMBER	15, 196
6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year last birthday	y) Manths Day	EAR IF UNDER 24 HR
TRMale White WIDOV	VED DIVORCED	Jan. 26, 18		rrs.	110013
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3. FATHER'S NAME		14. MOTHER'S MAIDEN N			
Charles Gardner		Julia M.	Brackett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown)   (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT	A	Address	
No	578-48-7426	Remsen B. Og	gilby (Att	torney)	
18. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c).]	. , , , ,	1		NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	: e RebRal	Vessel J	hrombos	513	6 Days
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	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 1(c	19. WAS AUTOPS
Hemiplogia le	ft -195:	3			PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS  HEMINAL PLACE  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	art I or Port II of item 18.)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	~				
20c. TIME OF INJURY Month, Day. Year 20d. Haur o. m		ACE OF INJURY (Home, farm,		(Coun	nty) (State
Haur o. m Whill of we	e Not while fo	ctory, street, affice bldg., etc.			
		Armal 100	53, to NOV. 15	5 1060	21
21. I certify that (I) (this hospital) atter				/	that (I) (we) la
saw the deceased alive an //O/1_	1960, and that a	death accurred at 125	M, from the causes	and an the do	22b. DATE
tean he sage	200	M.D. ATTENDING ME	D. STAFF		SIGNE
22c. PHYSICIAN'S	2	M.D. PHYS. DIR	ECIOK   PHTS.		
NAME (Type) + RANK ).	MACON	1150 60	NN AVO	U.U.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	OD COEMATORY	23d. LOCATION (City, taw	(1.00-1-1-1)	101-1-1
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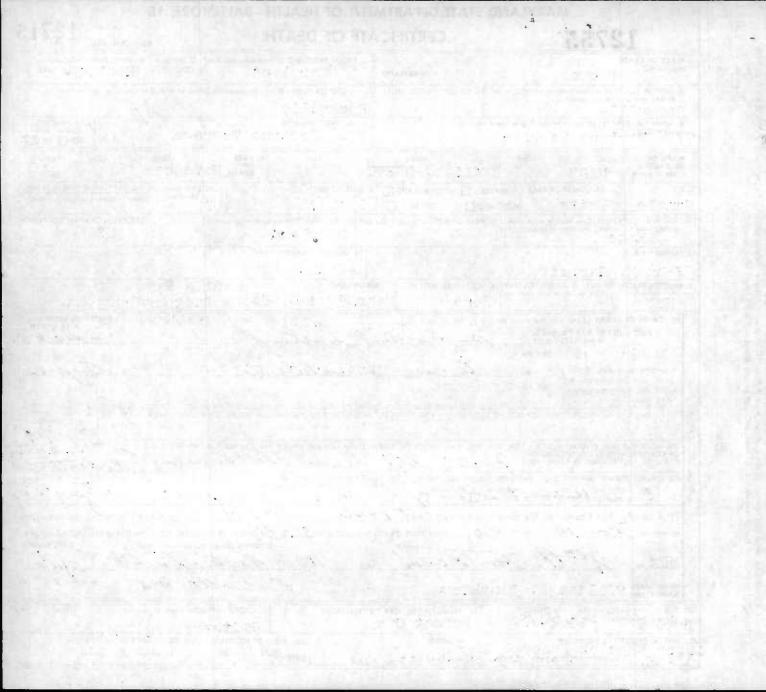
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#### **CERTIFICATE OF DEATH**

Reg. Dist. No. 12715

o. COUNTY	tgomery		MARYLAND	2. USUAL RESID	ryland		. If instituti b. COUNTY	20.00	tgome	
b. CITY OR TOWN RURAL ond give ROCKVIL	9	ts, write c	LENGTH OF STAY IN 16	c. CITY OR T Rockvi	OWN (If outside c	orporote lir	nits, write R	RURAL ond give	nearest tow	m)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospitol, g tune Terra		dress)	d. STREET A		Terr	ace		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	MARY	BEA	Middle LL GARRET	T Last			vembe	er 11,	Day	Year 19 <sup>60</sup>
s. sex Female	6. COLOR OR RACE White	7. MARRIED	DIVORCED DIVORCED	1/12/7	5	9. AG	E (In years birthdoy) yrs.	Months Do	EAR IF UND 1ys Hours	T
Oa. USUAL OCCUPA during most of w NON	orking life, even if retired	done 10b. Kit	ND OF BUSINESS OR INDU	STRY 11. BIRTHPL Mary		gn country)			SA	COUNTRY?
3. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME					
John H.	Garrett			Alcin	da Ward					
Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give war or dates of st	NC NC	ne Mc	Kendree	G. Ful	ks G	- 11	ersbur	g, Md.	
Conditions, if gove rise to couse (o), stotic lying couse los	immediate DUE TO	E.	lezonie.	Prince	hilis :				5-4	eals
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21. I certify olive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) W	that I attended the	deceosed , 19620 Fac Linth	likeun	M.D					lote stote	
BULLAL SPECI	11/14/6	0 2	rc. NAME OF CEMETERY C Forest Oak		22d. LG		City, town,	rg Md	(Sto	ote)
3. FUNERAL DIRECTO	eler Funer ontgomery	al Ho	ADDRESS III BOCKV1110	Ma	24a. REC'D BY RE NOV 1			news 8. 1	10	

and 2 should be filed with ofter death. Page 4 e funeral directar, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau by the haspital or attending physician. Pages 1 page 3 should be detached for use as the burial-transit permit. Then please remove carbon pap the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after deat<u>h</u> TO HOSPITAL VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1970-

12716

1. P	D. COUNTY		tgomery	7	West:	MAR	YLAND	2. USUAL RES	Mary]		ed lived. If b. C	institution OUNTY	Resider Mont	nce before	ery	ion)
b	RUPAL and Ti	ve negrest	town)			TH OF STA				outside corp		, write RUF	RAL and	give ne	arest tow	1)
		100	CVATTT		-	l Yea	r	Rura		Rockv.	llle		6			
	d. NAME OF HO	ON 165	ngt in haspital		Lane			16550	ADDRESS Emo	ry	Lane		Ĩ		e. IS RE ON / YES	FAR
1	NAME OF DECEASED (Type or print)		Andre	First	Щ	Middl	е	Gau	Ž <sup>st</sup>	4. DATE OF DEATH	No	V. Manth	2	29 Do	у	Year 19
5. S	Male	3	White	WIDO	WED 🗆	DIVORC	EDILI	ept. 1				rthdoy)	Months	Days	Hours	ER 24
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13.	FATHER'S NAME		Gau	1				14. MOTHER EL	s MAIDEN		Smi	th				
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		DEATH !	Ester policione		Can for Int	163 4 14	A 1									TIA
		DEATH W	Enter only one AS CAUSED BY EDIATE CAUSE	/: ·	-	(b), and (c	-	neum	DOME					ON	ERVAL	
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L CERTIFICATI	Conditions, gave rise t couse (o), stol lying cause I.  PART II.  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO.)  20c. TIME OF INHOUR o.	DEATH WINM  if ony, wo immediately ost.  OTHER SIGNATURE AND THE MEDIATELY M	AS CAUSED B'EDIATE CAUSE  DUE  hich diote diote diote  SUIFICANT CO  DERLYING DAUSE OF DEAL CAL EXAMINE!  onth, Doy,  (this haspi	(c) (b) TO (c) DNDITION (F) 20b. D White of the control of the con	S CONTRIBL  S CONTRIBL  S CONTRIBL  S CONTRIBL  NOTICE  S CONTRIBL  S CONTRIBL	UTING TO D  CVOS  WINJURY  CCURRED  t while work  deceased	EATH BUT IN OCCURRED	CE OF INJURY	of injury in	Port I or Po	rt II of iten	n 18.)	, 19	RT 1(o)	2) IP. WAS PERFY YES [	AU
L CERTIFICATI	Conditions, gave rise to couse (o), stor lying cause In Part II.  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 20c. TIME OF IN Hour o. p. 21. I certify	if ony, wo immediately obtained the second of the second o	AS CAUSED B'EDIATE CAUSE  DUE  hich diote diote diote  SUIFICANT CO  DERLYING DAUSE OF DEAL CAL EXAMINE!  onth, Doy,  (this haspi	(c) (b) TO (c) DNDITION (F) 20b. D White of the control of the con	S CONTRIBL  S CONTRIBL  S CONTRIBL  S CONTRIBL  NOTICE  S CONTRIBL  S CONTRIBL	UTING TO D  CVOS  WINJURY  CCURRED  t while work  deceased	EATH BUT IN OCCURRED 20e. PLA fact d fram	(Ente noture	of injury in (Home, for ce bldg., et	Port I or Po	y or town)	n 18.)	, 19	(County)	2 19. WAS PERFYYES D	AUTORM
L CERTIFICATI	Conditions, gave rise to couse (o), stool lying cause In Part II.  200. ACCIDENT OR CONTRIBUT (IF EITHER, NO 20c. TIME OF IN Hour o. P. 21. I certify saw the decomposition of the condition of t	DEATH WILLIAM  if ony, wo immediately ost.  OTHER SIGNATURY MODIFY MEDIA  TIMPY MEDIA  THAT (I)  ceased CRE  TY'S	AS CAUSED B'EDIATE CAUSE  DUE  hich diote diote diote  SUIFICANT CO  DERLYING DAUSE OF DEAL CAL EXAMINE!  onth, Doy,  (this haspi	(c) (b) TO (c) DNDITION (F) 20b. D White of the control of the con	S CONTRIBL  S CONTRIBL  S CONTRIBL  S CONTRIBL  NOTICE  S CONTRIBL  S CONTRIBL	UTING TO D  CVOS  WINJURY  CCURRED  t while work  deceased	EATH BUT IN OCCURRED 20e. PLA fact d fram	CE OF INJURY ory, street, off	of injury in (Home, force bldg., et	Port I or Po	y or town)	n 18.)	, 19	(County)	2 PERFYYES C	AU'News

he funeral director, ofter death. Page 4

AR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs is by the haspital or attending physician.

\*\*SRECTOR: After this certificate has been signed by the attending physician and completely filled in the contract. moy be re VR A15 ( 15M 9/5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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19693 CERTIFICATE OF DEATH 12717

16000							Reg. Dis	t. No.	
1. PLACE OF DEATH o. COUNTY		MARY		USUAL RESIDENCE (Whe	ere deceosed	lived. If institut b. COUNTY		e before adm	ission)
b. CITY OR TOWN (If outside corporate	limits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou	itside corpora	ote limits, write	RURAL ond g	ive nearest to	wn)
RURAL ond give negrest town) Silver Spring		l year,	10 mo	5441 Neb	raska	Ave.	N.W.		
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION The Althea Woodl	l, give street and	oddress)		d. STREET ADDRESS Washingto				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print) Eth	First e 1	Middle	Gaun		4. DATE OF DEATH	Mo	nth /	Z Poy	Yeor 19 6 C
5. SEX F 6. COLOR OR RAG	CE 7. MARE	EIED NEVER MARRIE		ate of Birth ct-5-1876	9	last birthdoy)	Months	Doys Hour	
10a. USUAL OCCUPATION (Give kind of wo during most of working life, even if reti AT HOME	rk done 10b. red)	KIND OF BUSINESS OF	R INDUSTRY	11. 8IRTHPLACE (Stote o	or foreign cou	untry)	1	Great	
13. FATHER'S NAME		AI HOME	14	L MOTHER'S MAIDEN NA	AME				
Charles Gaunt	lett		023	Georgana	Bai	lev			
15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no, or unknown) (If yes, give wor or dates		SOCIAL SECURITY NO.		JOHN A. FRAI			dress N . W. 5441-	-WASH.	D.C. KA AVE
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.  PART II. OTHER SIGNIFICANT C	(c)	CONTRIBUTING TO DEA	ATH BUT NOT	RELATED TO THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PART	PERF	S AUTOPSY FORMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THOS. DES	CRIBE HOW INJURY O	CCURRED. (E	nter noture of injury in Po	ort I or Port	II of item 18.)		1 125	- M
20c. TIME OF INJURY Month, Doy, Hour o. m. p. m.	Year 20d. II While of wor	NJURY OCCURRED  Not while k of work		OF INJURY (Home, form, street, office bldg., etc.)		or town)	(C	ounty)	(Stote)
21. I certify that I attended to alive an Nov. 19  ACTUAL SIGNATURE Thomas A  PHYSICIAN'S Thomas A  220. BURIAL, CREMATION, REMOVAL (Specify) PIT RT AL. 11/23/	19. Wil	dman, M. I	death oc	3729 Morr Washing	M, fram the ADDRESS (Strange Local)	the causes and set city or town SE, N. W. 15, D.C. ON (City, town,	or county)	date state	deceased abave. ATE SIGNED
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		240. REC'D	BY REGISTR	AR 24b. REG	ISTRAR'S SIC		
MARTIN W. HYSONG CO	MPANY	1300 N. STR	EET, N.	W. WASH DDEC.	MY Z 8	00	arthur .	8. Threes	

TO HOSPITAL VS A15 (4) 15M 9/58

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C-12-11 - 24 (3L)	MANAGER STEEL		Townson M.	
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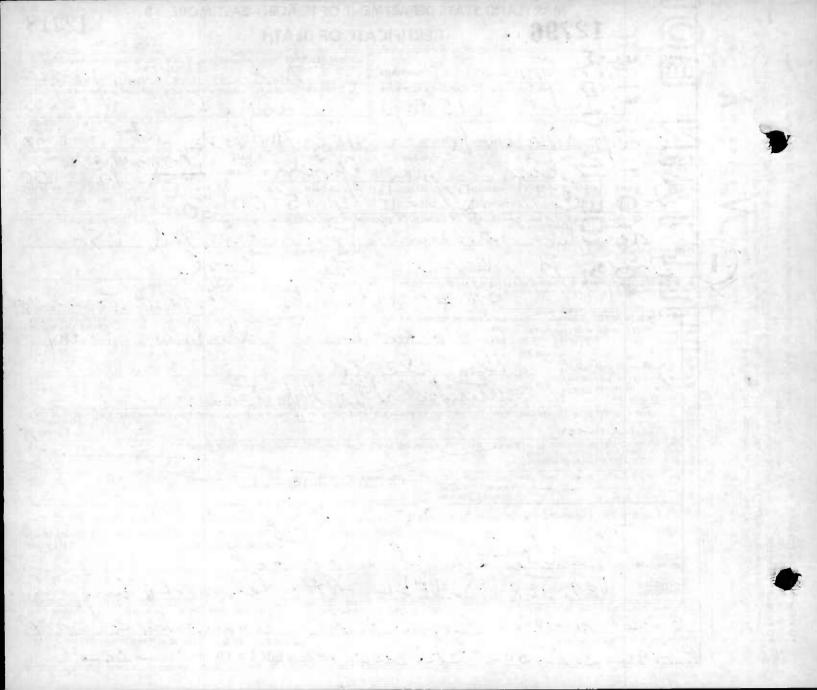
VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12796

## CERTIFICATE OF DEATH

12718

		CERTIFICA	ALE OF BEATTI	Reg. Dist	t. No.
1.	PLACE OF DEATH O. COUNTY	AAARVI AAIR	2. USUAL RESIDENCE (Where dece	eased lived. If institution: Residence	e befare admission)
	mongomen	MARYLAND	rug;	Truce	yeorges
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lawn)	TH OF STAY IN 16	c. CITY OR TOWN (If autside of	arporate limits write RURAL and gi	ive hearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address)	) days	d. STREET ADDRESS		e. IS RESIDENCE
	Broaford nursing Ho	me	408 Muly	herry of	ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Middle A A O	Or fost 4. DA OF OF DE	TE Montrem	Year Year
S.	. SEX   6. COLOR OR RACE 7. MARRIED   N	EVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER )	YEAR IF UNDER 24 HRS
	Lem C/widowed X/	DIVORCED [	1/4.15:00	lost birthday) Months 1	Days Haurs Min.
10	Od. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life grow if retired)	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign	in country)	EN OF WHAT COUNTRY
13	3. FATHER'S NAME	reway	14. MOTHER'S MAIDEN NAME	1., may	£ 7./7'
1	Dorsey B May	Cas	Tane, B	ord	
	S. WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCAL S	ECURITY NO.	NFORMANT Jelbean on	vell Address	0 0
	2115-	26-37470	daughly	oakerest. X	aurel m
	18. CAUSE OF DEATH [Enter only one cause per line for (a),	(b), ond (c).]	. Coroner	7 /	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Caral	orenal	Liseaux 1th	ronfans	1 day
	420 1 DUE TO 1/	11.0.	1		
1	Canditians, if ony, which gave rise to immediate	cpee	ya .		
	cause (a), stating the under- lying cause last.	dselexb	tie Hyperto	usin	
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
SAT	anemea	LO CONTRACTOR	V		YES NO
CERTIF	ZOD. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRE	D. (Enter noture of injury in Part I or	Port II af item 1B.)	
S	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OC	CURRED 20e. Pt	ACE OF INJURY (Home, farm, 20f.	(City or tawn) (C	aunty) (State
MEDI	Hour a.m. 19 White Nat p. m. 19 at wark at w	while fac	ctary, street, affice bldg., etc.)	10	
	21. I certify that I attended the deceased from	nov .	2, 1960, to 140	15 that I las	st saw the decease
	alive on 71 pu 14 , 1960	and that death	accurred at 7:26 M, fro	am the causes and an the	date stated above
	ACTUAL SIGNATURE Mely C. Ly	rell		S (Street, city ar tawn, state)	DATE SIGNE
	PHYSICIAN'S WEBSIER SE	WELL	Rt I Si	loes Apri	un dud
22	2a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NA	AME OF CEMETERY O	R CREMATORY 22d. LC	OCATION (City, tawn, for caunty)	(State)
-	Burial nov 18/60 Be	cons (	hopel an	me arufold &	1 map
23.	3. FUNERAL DIRECTOR'S SIGNATURE AD	DRESS O	24a. REC'D BY RE		
1/1	1-1010 Vall 500 40%	170011	DEVENTE NOV 1	8 '60 Chillian P	Transa A



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12684

## **CERTIFICATE OF DEATH**

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1	2	6	I	. ,

Rea	Dist.	No	1	2	6	1	5	

- 1							
	• COUNTY MONTGOMERY MARY	LAND	2. USUAL RESIDENCE (Who. STATE		If institution: Res	sidence before	admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.				
	d. NAME of Hospital (it not in hospital, give street oddress) OR INSTITUTION LeDeau Gardens Nursing Home		d. STREET ADDRESS 1509 Gall	atin St	. N.W.		IS RESIDENCE ON A FARM? YES NO
0	NAME OF First Middle Frances Gib		Lost	4. DATE OF DEATH	Month lovembe:	r 18	Yeor 19 60
	6. COLOR OR RACE 7. MARRIED NEVER MARRIE Female White WIDOWED DIVORCED		8. DATE OF BIRTH 3/27/70	losi 9	birthdoy) Mon		UNDER 24 HRS. Hours Min.
1	0o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	R INDUS	Canad	a	12	Canad	HAT COUNTRY?
	William Hault		14. MOTHER'S MAIDEN N	Intra	oun		
1	5. WAS DECEASED EYER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service) (If yes, give wor or dates of service)		wormants. Gordon G	ibson W	509 dal	latin	St. N.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.  Chronic Debi  Anorexia  (b)  DUE TO  (c) Senile Deter	rior	ration				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM!	nal disease cond	ITION GIVEN IN		WAS AUTOPSY PERFORMED? 'ES NO
	206. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRE	D. (Enter noture of injury in F	Port I or Port II of it	em 18.)		
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of work		ACE OF INJURY (Home, form tory, street, office bldg., etc.		n)	(County)	(Stote)
	21. I certify that I attended the deceased from Jan olive on NON 15 1969, and that  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) Robert T. Thibadeau, M.		10609 0	M, fram the co	y or town, slote) treet	the date s	
		011	Cemetery		rio, Ca	ınada	(Stote)
1	3. FUNERAL DIRECTOR'S SIGNATURE 2901 LAMPRESS St The S.H. Hines Co. Washington 9	, N	. W . 24g. REC'I	NOV 1 7 '60	24b. REGISTRAR'	S SIGNATURE	u.A.

Pages 1 and 2 should be filed with ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs. moy be rets. If by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in poge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and Then please remove carbon papers. the registror prior to buriol, cremotion, ar remaval, and in any event within 72 haurs ofter death TO HOSPITAL VS A15 (4) 15M 9/58

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			. Cool Hilland	.67 sept

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

-								
1	1. PLACE OF DEATH O. COUNTGOMERY	MARYLAND	2. USUAL RESIDENCE (V		L COLINITY	Residence be		sion)
/	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  OLNEY	c. LENGTH OF STAY IN 16  7 DAYS	GAITHER		e limits, write RU	RAL ond give r	earest tow	n)
	d. NAME OF HOSPITAL (If not in hospital, give street NONTGOMERY GENERAL I	t oddress)	d. STREET ADDRESS		AVENUE	1		FARM?
E C. V.	3. NAME OF First DECEASED (Type or print) GT_ADYS	Middle LUCY G	Last	4. DATE OF DEATH	Month		-/	Year 19 60
	S. SEX 6. COLOR OR RACE 7. MA FEMALE WHITE WIDOW		8. DATE OF BIRTH 4/15/1890		AGE (In years	FUNDER 1 YEA Months Doys	R IF UND	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  NOUSEWIFE  18. FATHER'S NAME	home	West Vir	ginia	itry)	U.S		OUNTRY?
1	JOHNSON K. LILLY  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)  (If yes, gives war or dates of service)	5. SOCIAL SECURITY NO. 11	ALLIE GO NFORMANT HOSPITAL		Addre	55		
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  Compart II. OTHER SIGNIFICANT CONDITIONS	BOECK'S J Pulmongs arvest		MINAL DISEASE C	CONDITION GIVE	N IN PART 1(o)		LS
C	20a. ACCIDENT WAS UNDERLYING DONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DE  20c. TIME OF INJURY Month, Doy, Year 20d. Hour o.m. Whil	SCRIBE HOW INJURY OCCURRED	-	n Port I or Port II	of item 18.)	(Count	YES	(Stote)
	21. I certify that I attended the deced		1 10 50					deceased d above. TE SIGNED -19-
1	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 11-21-60	22c. NAME OF CEMETERY OF	R CREMATORY		N (City, town, or		(Sto	te)
7,	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. RE	C'D BY REGISTRA	R 24b. REGIST	RAR'S SIGNAT	URE	

ne funeral directar, Then attending physician and campletely filled in Exp. ne funeral director. Then please remove carbon papers. Pages 1 and 2 should be filed with TO HOSPITALOR ATTENDING PHYSICIAN: The Taw Teapware may be refused by the attending physician and campletely filled in TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registror prior to burial, cremotian, or remayal, and in any event within 72 hours after death. VS A1S (4) 15M 9/58

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs.

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			and total train		Name of the

after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

VS A15 (4) 15M 9/58

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

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Reg. Dist. No.

1. 6	PLACE OF DEATH  o. COUNTY  Mo	ntgomery	MARY	100	a. STATE	where deceosed lived	l. If institution: b. COUNTY	Residence before admission) TINCE GEORGE S
	Fairland	Md Silver	Spring. 3Yr		c. CITY OR TOWN (IF	outside corporate li	mits, write RUR	Al ond give nearest town)  Rainier Md
	OR INSTITUTION	AL (If not in hospital, give st	reef address)		2901 All:	ison St.	164	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	First	Middle  J Goodwine	T.	Last	4. DATE OF DEATH	Month	Day Year 11 / 60 19
5. \$	SEX T	6. COLOR OR RACE 7.	MARRIED NEVER MARRIE	_	Nov 21	9. AC		UNDER 1 YEAR IF UNDER 24 HRS Aonths Days Hours Min.
10a.	during most of work  House W:	ing life, even if retired)	10b. KIND OF BUSINESS OF Home	INDUSTR	11. BIRTHPLACE (Stor		)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME		Moore		4. MOTHER'S MAIDEN Unkne			
		IN U. S. ARMED FORCES? If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mrs	William	Scull	Address 2901 Al	Rainie:
CERTIFICATION	Conditions, if or gove rise to in couse (o), stoting t lying couse last.  PART II. OTH	nmediate DUE TO (c)			TIE / HEA			I IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIF		CAUSE OF DEATH MEDICAL EXAMINER)  Month, Doy, Year 2	/hile Not while	20e. PLACE	Enter noture of injury in OF INJURY (Home, far y, street, office bldg., e	rm, 20f. (City or to		(County) (State
WI	21. I certify the alive an NO ( ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the dec	/_			M, fram the	causes and	at I last saw the decease an the date stated above the) DATE SIGNE
220	BURIAL, CREMATION	22b. DATE THEREOF 11/14	22c. NAME OF CEME			22d. LOCATION	(City, town, or	
	FUNERAL DIRECTOR'S W. K. Hunt	signature emann & Son		hing	on, D. 26 REC		24b. REGISTR	MAR'S SIGNATURE

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#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) director, Page or your files. e. COUNTY Health e. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 Jo ION (if not in hospitel, give street) e. IS RESIDENCE YES NO Z NAME OF Middla Month DECEASED OF (Type or print) DEATH 9. AGE (In years | IF UNDER 1 YEAR) with B. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) DIVORCED in pencil in Item 18. Give Pages 1, 2, 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? PM3. Page most of working life, even if retired) 14. MOTHER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or detas of service) Office along with 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immadieta ceusa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? Medical pinous FOB. DESCRIBE HOW INJURY OCCURED. (Enta nature of Injury in Part I or Pert II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTION xecute the certification of the Chief Media be forwarded to the Chief Media ERAL DIRECTOR: Page 3 should be contact to burial, or ease execute the certificate, writing th CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) While Not While fectory, street, office bldg., atc.) at work at work 21. I certify that I took charge of the remains described above, held an Autopsy I, Inspection Inquiry V and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) DEPU Addrass (Streat, city, lown, or county) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Spacify) 240 p KING DAVID MEM-GARDEN FALLS CHURCH BURIAL 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME DANZANSKY USONS - 3501-1475 St. N.W. DATE NOV 22'60 arthur S. Kraus 5M 7/59

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19696

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY MONT	GOMERY	MARYLAND	2. USUAL RESIDENCE (V	Where deceased	l lived. If instituti b. COUNTY	on: Residence be	fore admission)
b. CITY OR TOWN (I RURAL and give ne SILVER		c. LENGTH OF STAY IN 16	C. CITY OR TOWN (III		rote limits, write R	URAL and give r	nearest fown)
OR INSTITUTION	AL (If not in hospitol, give stre	Residence in the section of the	d. STREET ADDRESS	ATUR ST	REET		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First DAVID	Middle BRAINARD G	OTTWALS	4. DATE OF DEATH	Mor N	oth OV.	Day Year 21 19 60
5. SEX MALE		ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 8/9/58		9. AGE (In years last birthday) 102 yrs.	Months Doy	AR IF UNDER 24 HRS s Hours Min.
during most of work	DN (Give kind of work done 10 king life, even if retired)  Self-employed	06. KIND OF BUSINESS OR INDU	HANOVER,		ountry)		OF WHAT COUNTRY
13. FATHER'S NAME ABRAHAM Z	Lucian Electric		14. MOTHER'S MAIDEN MARY WAGNE		zuodenou	DK .	
(Yes, no, or unknown)	R IN U. S. ARMED FORCES?  (If yes, give year or doles of service)  anish America	M	rs. Esther G.				St., N.W.
Conditions, if a gove rise to i couse (o), stoting lying couse last.	the under-	IS CONTRIBUTING TO DEATH BU	Carolia Caroli	MINAL DISEASE	E CONDITION GI	Que	19. WAS AUTOPSY PERFORMED?
PART II. OTH	AS UNDERLYING (1) 20b. D. C.	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury i	in Port I or Port	t II of item 18.)		YES NO [X
20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Doy, Yeor 20c		PLACE OF INJURY (Home, fa octory, street, office bldg., e	erm, 20f. (City	or town)	(Coun	ty) (State
The second second	JOHN S. RO	guy D	death accurred of			nd an the do	Othat (I) (we) lass ate stated abave 22b. DATE SIGNED
BURIAL (Specify)	23b. DATE THEREOF 11/25/60	23c. NAME OF CEMETERY GLENWOOD CEME			ION (City, town,		(Stote)
24. FUNERAL DIRECTOR WARNER E	S HUMPHREY, INC	SILVER SPR	ING, MD. 25a. RE	C'D BY REGIST	109	ISTRAR'S SIGNA	
1/	/ /						

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after death. Page 4 filed with funeral directar, TO HOSPITALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 naura may be refused by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health priar to burial, cremation, or remarkal, and the yeart, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau TO HOSPITA

VR A1S (4) 1SM 9/59

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	12799	ON OF	CERTIF		E OF DEATH	at	WARTLAND			12'	724
PLACE OF DEATH	DNT COMERY		MARY	LAND	2. USUAL RESIDENCE (WHO O. STATE MARY LA)		b. COUNTY			re admiss OMERS	
RURAL and give_n	If autside corporate limit earest town) RLAND	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF o	1 0-	rate limits, write R	URAL and	give nec	irest tawr	1)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitat, g FAIRLAND				d. STREET ADDRESS	RFD				e. IS RES ON A YES	FARMS
NAME OF DECEASED (Type or print)	PATRICIA	it	Middle S •		Lost GOW	4. DATE OF DEATH	NOV .	th	15	,	Year 19 60
SEX FEMALE	6. COLOR OR RACE WHITE	7. MARI	RIED NEVER MARRII		DATE OF BIRTH		9. AGE (In years last birthday) 74 yrs.	Manths	Days	Haurs	ER 24 HRS Min.
0a. USUAL OCCUPATE during most of wor Homemaker	ON (Give kind af wark o king life, even if retired)	lane 10b.	Own home	R INDUST	RY 11. BIRTHPLACE (Stole Scotla		auntry)		S.S.		COUNTRY
3. FATHER'S NAME James Stir	ling				14. MOTHER'S MAIDEN N Elizabet						
S. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of se	rvice)	social security no		ormant . Harry P. De	odge,	Route 1,		y, 1	id.	
	ATH [Enter anly one ca ATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO any, which ) (b		ne for (a), Ab), and (c).	ix k	124 SALL	g ber				ERVAL BE	
gave rise to cause (a), stating lying cause last.	the <u>under-</u> DUE TO										
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	/EN IN PAI	RT 1(a) 1	PERFC YES	DRMED
OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter nature of injury in	Part I ar Par	t II of item 18.)				
20c. TIME OF INJU Haur a.m.	RY Manth, Day, Yee	While	NJURY OCCURRED  Nat white at wark		CE OF INJURY (Hame, farm ary, street, affice bldg., etc )		ar tawn)		(Caunty)		(State

21. I certify that (I) (this haspital) attended the deceased fram. 22a. SIGNATURE

30

(State)

saw the deceased alive an

ased fram. 19 12 , ta 115 , 1960, that (I) (we) last and that death accurred and the causes and an the date stated above. M.D.

ATTENDING MED. 22d. ADDRESS

STAFF PHYS.

SIGNED

19.60, that (I) (we) last

(State)

22c. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION,

REMOVAL (Specify)

23b. DATE THEREOF

11/18/60

23c. NAME OF CEMETERY OR CREMATORY

FT. LINCOLN CREMATORY

23d. LOCATION (Gily, tawn, ar county!

GEO. COUNTY, MD. 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE

SILVER SPRING, MD.

DATNOV 2 2 '60

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VR A1S (4) 1SM 9/S9

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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4 35		
Page director	1. PLACE OF DEATH o. COUNTY Montgomery Maryland	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Virginia b. County Prince William
· ids.	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
death uneral	RURAL ond give neorest town) Bethesda (Rural) 25 days	Gainesville
the f	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
2051	U. S. Naval Hospital	RFD #1 ON A FARM? YES □ NO ☑
illed Sethor	3. NAME OF First Middle  (Type or print) Herbert Boyce	GOWAN  4. DATE Month Day Yeor OF DEATH November 14 19 60
thin thin dec	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. D	ATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
d wi	Male Caucasian WIDOWED DIVORCED	11-3-94   last birthdoy)   Months   Doys   Hours   Min.
ompour super	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
d od o	Mariner (Retired) U. S. Navy	So. Carolina U.S.A.
72 dan		4. MOTHER'S MAIDEN NAME
ate hician ichin	Christopher GOWAN	Frances EARNEST
hys nav	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	
ng p	Yes 1917 to 1945 215-12-3694 (W)	Mrs. Laura Gowan, same as #2 above
ath ndir ny	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
de de	PART I. DEATH WAS CAUSED BY:	Carcinoma Sulo
the hen	IMMEDIATE CAUSE (o)	corrowa smo.
hat the the the the the the the the the th	DUE TO	F 1/100
ava timit	Conditions, if ony, which gove rise to immediate (b) atcivour or	11 1 CNEY 1481
gane	couse (a), stating the under-	
nei nsit ar	lying couse lost. (c)	
law ysic bee tra an,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
he has		YES 🔀 NO 🗀
ending ficate the bu	206. ACCIDENT WAS UNDERLYING A 206. DESCRIBE HOW INJURY OCCURRED. (I OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter noture of injury in Port I or Port II of item 18.)
att	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE	OF INJURY (Home, farm, 20f. (City or town) (County) (State)
PHY il ar his a use ta b	Y 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED lot work 20d. INJURY OCCURRED foctory work 19 of	r, street, office bldg., etc.)
pito pito far far riar	21. I certify that (I) (1018/0000001) attended the deceased fram.	oct. 20 1960 ta Nov. 14 , 1960 that (1) 0620 last
Aft Aft hed h p	sawthe deceased alive on Nov. 14 1960, and that dear	th accurred at 128 M, fram the causes and an the date stated abave.
TEN the	226. SGNATURE	22b.DATE
AT CCT CT C		ATTENDING MED. STAFF
d b B B G b	22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS. LL-14-60
A P Daule	NAME (Type) R. E. AKERS, LT, MC, USN	U. S. Naval Hospital, Bethesda, Md.
SPIT SPIT 3 sk ask	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	
may be see the Street	REMOVAL (Specify)	
0 0 0 d	Burial 11-17-00 Arlington Nat	
VR A1S (4)		TO NOV 4 0 100
1CM 0/50	W.W.Chambers, 3072 M St., NW, Washington,	D. C. DATE NUV 16 60 Chilling & France

TO FUNERAL TO HOSPIT VR A1S (4) 1SM 9/59

after death. Page

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			Political Light 18 (II)
		force di	
			e de la company
			martner (Seattree)
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Coll, Regulate, 181.	dell Lowers. 5. 3		224 .  .  .  .  .  .  .  .  .  .  .  .  .
and the month		mongat	(-)1-12 <u>100-10</u>
	ar William Co. C. (nece	uantam est est	av štoj (strojumo.).

TO FUNERAL X/RECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages 1 and the State Board of Health priar to burial, cremotian, or removal, and in any electricity for hours after death. event wit

TO HOSPITA VR A15 (4) 15M 9/59

1	19687 CERTIFICA	TE OF DEATH	
1	1. PLACE OF DEATH a. COUNTY MANY GOMETT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE) b. COUNTY	e befare admissian)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  SILLET  SPIN9	PSILVER SPRIM	ve nearest town)
	or Institution L. TheA Wood LANd	18501 GARLAND A	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) ALFFED Middle	GRAF 4. DATE Month of DEATH 1/	24 1960
	S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	4-30-83   lost birthday)   Manths	YEAR IF UNDER 24 HRS. Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if refired)  Dr ot Briddedstag Retired	GerMANY	1.5
	AUGUST GrAF	Henrietta Me	EMMert
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. II	INFORMANT Address Address	
	18. CAUSE OF DEATH [Enter only one cause per line or (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		INTERVAL BETWEEN ONSEI AND DEATH
	Canditions, if any, which gave rise to immediate (b) Cerebral	Hemorrhage	5MOS.
	cause (o), stoting the under- lying couse last.  DUE TO  Hyperteuse	on + arteriosclerosis	? year
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		ED. (Enter nature of injury in Part I or Port II of item 18.)	
		LACE OF INJURY (Home, form, 20f. (City or town) (Coclary, street, affice bldg., etc.)	ounty) (State)
	21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an Nov 23 1960, and that	death accurred at 9 p.M. fram the causes and on the	
	220. SIGNATURE Robert at arehio.	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	226. DATE SIGNED
	Dr. Pobt. A. Hare	22d. ADDRESS 809 Davis ave. Take	ma PK, Ma
	230. BURIAN CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY COREMATION 25 NOV. 1960 LEE CREMATION	TORY WASHINGTON D.C.	(State)
	RINALDI FUNERAL HOME 816 H St. N.E.	DATE NOV 2 8 '60 Clathing 8	

May fee went with TENTRE TENT BOOK GARLANG KE I SA DA PER IN THE PRESENTATION OF THE PARTY OF T # - 30 - 83 - 77 CALMANUUL LIS MEN FIGTER WHILE WAR TO The state of the s Market C. Market St. J. William of Mining St. Market St Die Go wei A zaharre der Rose Roman Con Trebuis Ch. Mil The many wife the Commons of the Worthward and and THE BUT BUT STATE OF THE STATE

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VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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7.0007						
PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deco	h COUNTY	n: Residence	before admis	sion)
Montgomery	ts, write c. LENGTH OF STAY IN 1b			DAL and air	a named law	n l
<ul> <li>CITY OR TOWN (If outside corporate limit RURAL and give nearest town)</li> </ul>		c. CITY OR TOWN (If outside c	orporote limits, write ku	KAL ond giv	a liegresi low	
Bethesda	150 days	Milton		8	24	
d. NAME OF HOSPITAL (If not in haspital, gi OR INSTITUTION	ive street address)	d. STREET ADDRESS			ON	FARM?
The Clinical C	enter	1181 Main S	treet		YES [	NO
NAME OF Firs DECEASED (Type or print)  Ba:	rbara Ann	Green 4. DA	TE Month		Day	Yeor 19 60
. SEX   6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		-	YEAR IF UND	
Female White	WIDOWED DIVORCED	June 23, 1941	19 yrs.	Manths D	ays Hours	Min.
a. USUAL OCCUPATION (Give kind of work of	done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or farei	gn country)	12. CITIZE	N OF WHAT	COUNTRY
during most of working life, even if retired) H OUSEWIIS	None	West Virgin	ia	T	USA	
. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			U LOS S	
Melvin Burns		Thelma Johnso	n			
. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17.		l Record Addre	255		
Yes, no, or unknown) (If yes, give wor or dates of se	ervice)	he Clinical Cente			Maryla	nd
18. CAUSE OF DEATH [Enter only one co-					INTERVAL B	ETWEEN DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hemoperitoneum				ONSET AND	ys
DUE TO			brain, lung	75 &c		
Conditions, if ony, which )	Choriocarcinoma w	rith metastasis to	peritoneal		9 mon	ths
gove rise to immediate			cavity	la		
couse (o), storing the under-			Cavioy			
	)	IT NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVE	N IN PART 1	1(o) 19. WAS	AUTOPSY
S TAX II. OTHER SIGNIFICANT CONT					PERF	ORMED?
PART II. OTHER SIGNIFICANT CONI  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port I o	r Port II of item 18.)			
20c. TIME OF INJURY Month, Day, Yee Hour o. m. p. m.		PLACE OF INJURY (Home, form, coctory, street, office bldg., etc.)	(City or town)	(Co	ounty)	(Stote
21. I certify that (IT (this haspital sow the deceased alive on Nov	) ottended the deceosed from rember 219 60, and that		to November 2			
220. SIGNATURE	Phach	M.D. ATTENDING MED.	STAFF	77/		2b. DATE SIGNE
		22d. ADDRESS The C	linical Cem	ter N		1
22c. PHYSICIAN'S NAME (Type) Leo L. St	olbach, M.D.	Institutes of	Health, Be	thesd	a 14.M	aryla
NAME (Type)  Leo L. St  3a. BURIAL, CREMATION, 23b. DATE, THEREC		Institutes of	Health, Be OCATION (City, town, o	ethesd	la 14,M	aryla
NAME (Type)  Leo L. St  3a. BURIAL, CREMATION, 23b. DATE, THEREC	OF 23c. NAME OF CEMETERY	Institutes of	Health, Be OCATION (City, town, o	ethesd	la lli,M	aryla

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The second secon surint | 11/9/60 Cedar Hill Demotery | Suitland, Paryland THE THE THE DESCRIPTION OF THE STREET OF THE

## FOR STATE HEALTH DEPT

TO DEPT. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any y is necessary, please execute the certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the functor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perpar. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 29

e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	District of Columbia
MARYLAND b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL end give nearest town)	7L7X-3
Bethesda (Rural) 3 hrs.	Washington
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
U. S. Naval Hospital	1305 U Street, S.E. Apt. 103
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer
(Type or print)  Lilv Staples	HAESLOOP DEATH November 2 19 60
	B. DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Female Caucasian WIDOWED X DIVORCED	1-1-89 71 yrs. Months Deys Hours Min.
De. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY.
done during most of working life, even if retired)	Virginia U.S.A.
Housewife	Virginia U.S.A.
3. PATHER 3 NAME	
Ebert STAPLES	Mamie LAWLER
5. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   (Yes, no, or unkown)   (Ifyesgivewarordetesofservice)	INFORMANT Address
	spital Records
1 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) nemorrnage, intra	cerebral, spontaneous, left (Massive)
DUE TO	
Conditions, if eny, which \ (b) Atheresclerosis,	generalized
gave rise to immediate cause	
(a), steting the underlying DUE TO	
(a), stelling the underlying DUE TO cause lest.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
(a), stelling the underlying DUE TO causa lest.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
(a), stelling the underlying DUE TO causa lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  OF THE CONTRIBUTING TO DEATH BUT NO  OF TH	YES X NO
(a), stelling the underlying Cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
(a), stelling the underlying Causa lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES X NO  Enter neture of injury in Pert I or Pert II of item 18.)  for bed.
(a), stelling the underlying Causa lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DESCRIBE HOW INJURY OCCURED. PLANTS OF DEATH.  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 20e. PL	FERFORMED?  YES X NO   Enter neture of injury in Pert I or Pert II of item 18.)  floor at home, apparently fallen preparing  ACE OF INJURY (Home, ferm,   2Df. (City or town) (County) (Stete)
(a), stelling the underlying causa lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	FERFORMED?  YES NO   Enter neture of injury in Pert I or Pert II of item 18.)  floor at home, apparently fallen preparing  ACE OF INJURY (Home, ferm,   2Df. (City or town) (County) (Stete)
(a), steting the underlying DUE TO cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH.  2De. EXTERNAL CAUSE WAS PRIMARY Corrections of CAUSE OF DEATH.  Found unconscious on Cause Of Death.  Found unconscious on White Not White Not White Amory Cause Of Death.  Appr. 1xx. 11-2 160 at work at work K.	FERFORMED?  YES X NO   Enter neture of injury in Pert I or Pert II of item 18.)  floor at home, apparently fallen preparing  ACE OF INJURY (Home, ferm, lory, street, office bldg., etc.)  Washington, D.C.
(a), steling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH.  20b. EXTERNAL CAUSE WAS PRIMARY Q. or CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH.  Found unconscious on CAUSE OF DEATH.  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED to See 1 work Mile at wor	FERFORMED?  YES X NO   The second of the sec
(a), steling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH.  20b. EXTERNAL CAUSE WAS PRIMARY C. or CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH.  Found unconscious on CAUSE OF DEATH.  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED to See 1 work Appr. 11-2 160 at work Mile at work House 21. I certify that I took charge of the remains described above, here	FERFORMED?  YES X NO   Enter neture of injury in Pert I or Pert II of item 18.)  for bed.  floor at home, apparently fallen preparing  ACE OF INJURY (Home, ferm,   2Df. (City or town) (County) (Stete)  tory, street, office bldg., etc.)  Washington, D.C.
(a), stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH.  20b. EXTERNAL CAUSE WAS PRIMARY Corrections or CAUSE OF DEATH.  Found unconscious on CAUSE OF INJURY Month, Dey, Year Hour a.m.  Appr. 1xx. 11-2 160 all work of the work William of While at work	FERFORMED?  YES X NO   The second of the sec
(a), steling the underlying Cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CAUSE WAS PRIMARY D. or CONTRIBUTING TO CAUSE OF DEATH.  20b. EXTERNAL CAUSE WAS PRIMARY D. or CONTRIBUTING TO DEATH BUT NOT CAUSE OF DEATH.  Found unconscious on 20d. INJURY OCCURRED 20e. PL While Not While At work Thouse 21. I certify that I took charge of the remains described above, he death resulted from: Natural causes X, Accident Suitable ACTUAL  ACTUAL	PERFORMED?  YES X NO   YES X NO   There reture of injury in Pert I or Pert II of item 18.)  For bed.  Floor at home, apparently fallen preparing  ACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stele)  Noticely, street, office bidg., etc.)  Washington, D.C.  eld an Autopsy X, Inspection , Inquiry , and in my opinion  cide , Homicide , Undetermined manner  CHIEF MEDICAL EXAMINER
(a), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH.  20e. EXTERNAL CAUSE WAS PRIMARY D. or CONTRIBUTING DEATH BUT NO CAUSE OF DEATH.  Found unconscious on Cause of Injury Month, Dey, Year 20d. Injury Occurred Plant Not While Not While Not While at work Appr. 1xx. 11-2 160 at work Appr. 1xx. 21. I certify that I took charge of the remains described above, he death resulted from: Natural causes X. Accident Suited.	PERFORMED?   YES X NO
(a), steling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH.  2De. EXTERNAL CAUSE WAS PRIMARY & or CONTRIBUTING   Found unconscious on CAUSE OF DEATH.  Found unconscious on While Not While Not While Not While Plan work   Hour a.m.  Appr.lxx. 11-2 160 at work   at work   Hour a.m.  Appr.lxx. 11-2 160 at work   Accident   Suite Cause of the remains described above, he death resulted from: Natural causes   Accident   Suite Cause of the cause   Suite Cause of the cause	PERFORMEDT   YES   NO
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(a), steling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH.  20e. EXTERNAL CAUSE WAS PRIMARY D. or CONTRIBUTING TO CAUSE OF DEATH.  20e. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURED PLOY Hour a.m.  ADDR. 1xx. 11-2 160 at work at work Hour at work Hour at work Hour at work Sunday Accident Suited Above, he death resulted from: Natural causes X, Accident Suited Accident Suite	PERFORMED   YES X NO
(a), steting the underlying Cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH.  20e. EXTERNAL CAUSE WAS PRIMARY Cs or CONTRIBUTING TO CAUSE OF DEATH.  20e. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED At White Not White at work to the Appr. 1xx. 11-2 160 at work to at work to the Appr. 1xx. 11-2 160 at work to the Actual Signature	PERFORMEDT   YES   NO
(a), steting the underlying causa lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH.  20b. EXTERNAL CAUSE WAS PRIMARY D. or CONTRIBUTING DEATH BUT NO CAUSE OF DEATH.  20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PL While Not While at work 10 at work 1	Enter neture of injury in Pert I or Pert II of item 18.)  floor at home, apparently fallen preparing ACE OF INJURY (Home, ferm, 2Df. (City or town)  retory, street, office bldg., etc.)  Washington, D.C.  eld an Autopsy X, Inspection I, Inquiry I, and in my opinion cide I, Homicide I, Undetermined manner I  CHIEF MEDICAL EXAMINER I  ASSISTANT MEDICAL EXAMINER I  DEPUTY MEDICAL EXAMINER X  Address (Street, city, town, or county) Gaithersburg, Ma.  R CREMATORY 22d. LOCATION (City, town, or country) (Stete)  tional Arlington Virginia

RESERVED TRANSPORT STORMAR STORMS TO SEE THE

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ne funeral director, should be filed with

ter death. Poge.

**ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hav

TO HOSPITA

VS A15 (4) 1SM 9/S8

may be reid. by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 the registror prior to burial, cremation, or remavol, and in any event within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12804

CERTIFICATE OF DEATH

12730 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside a. STATE b. COUNTY  Marvland Mont:	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  1:fe	+	Pgive nearest town)
(Rural) Poolesville, Md d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	Willard Rd, Poolesville, Md d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) NORA First NAON 1	HALL 4. DATE Month OF DEATH Nowwent	Day Year 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	January 1, 1895 lost birthday) Months	
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INE during most of working life? even if retired)	Manyland	U,S,A
13. FATHER'S NAME William Busey	14. MOTHER'S MAIDEN NAME LE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	his Bertha Hall - Porless	ille Xig
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	edema	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-	tre Coromonion	2 minth
lying couse lost. (c) Concerns	of the Jury	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)	YES NO
	PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)	(Caunty) (State
21. I certify that I attended the deceased from diversity alive an 2000 1600 1960, and that dea	th accurred at U3PM, from the causes and an t	last saw the deceased
ACTUAL SIGNATURE	ADDRESS (Street, city or town, stote)	DATE SIGNED
PHYSICIAN'S NAME(Type)	P.O. BOYD, My	
220. PARIAL, CREMATION 22b. DATE THEREOF 22cyNAME OF CEMETERY	, Chapel, Martinshi	ry, wed
23. FUNERAL DIRECTOR'S SIGNATURE OF MARCH AND BURGOOD	24d. REC'D BY REGISTRAR'S	SIGNATURE

TO DEPUT IEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please exert the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burishtransit permit. File pages 1 and 2 with the State Board of Health,

POR ST HEALTH

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

ATE DEPT Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND AND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH  o. COUNTY				CE (Where decessed lived, If in	stitution, Residence before admission)
Montgomery		MARYLAND	Michigan		
b. CITY OR TOWN (if	outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corporate limits, write f	RURAL and give nearest town)
Bethesda (		4 days	Inkster		
	AL OR INSTITUTION (if not in hos		d. STREET ADDRESS		. IS RESIDENCE
U. S. Nava	l Hospital		28433 Oak	wood Avenue	ON A FARM? YES NO K
3. NAME OF DECEASED	First	Middla	Last	4. DATE Month	Day Year
(Type or print)	Dewitt	Clinton	HAMEL	DEATH Novemb	er 8 19 60
€. SEX	6. COLOR OR RACE 7. MARRIE	O X NEVER MARRIED   8	DATE OF BIRTH	9. AGE (In years   I	F UNDER 1 YEAR   IF UNDER 24 HRS.
Male	Caucasian WIOOWE		11-20-26	lest birthdey) 33 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work   10b. K	INO OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY
done during most of work		C Norre			II C A
Mariner  13. FATHER'S NAME	U	. S. Navy	Michia  14. MOTHER'S MAIDEN		U.S.A.
ry J. H	AMRT.		Marie MEA		
		SOCIAL SECURITY NO.   17. I		Address	
(Yes, no, or unkown) (Ify	yesgive wer or detes of service)		spital Record		
18. CAUSE OF DE	ATH [Entar only one cause par I				INTERVAL BETWEEN
	WAS CAUSED BY:	nsection of spi	nal cord at	C3-4 region	ONSET AND DEATH
000		naccoron or apa	mar cora ao	0) + 1081011	, way 5
005	OUE TO			2	F 2
Conditions, if eny,		minuted fractur	e or cervica	ar verteorae	5 days
(a), stating the und	- OUE TO				
cause last.	The state of the s	omobile accider			5 days
PART II. OTHER	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
LY					YES X NO -
PART II. OTHER S  PART II. OTHER S  20s. EXTERNAL CAU PRIMARYD or COU	JSE WAS   20b. OESCR	IBE HOW INJURY OCCURED. (E	nter neture of injury In Par	t I or Pert II of item 18.) h	eadon collision.
PRIMARY OF CON	Driver	of car which	left road an		tempting to avoid
ZOc. TIME OF INJUR		INJURY OCCURRED   200. PLA			(County) (State)
Hour a-m-	While	Not While fect	ory, street, office bldg., atc	.)	
	11-3 19 60 at wor		party.	Aiken	Cecil Maryland
. 21. 1 certify tha	at I took charge of the rem	nains described above, he	ld an Autopsy K	Inspection Inquiry	and in my opinion
death resulted fro	om: Natural causes	, Accident X, Suici	de, Homicide	Undetermined ma	nner
	2		CHIEF MEDICAL	EXAMINER	
ACTUAL SIGNATURE	Trank Q 12s	mhait	M.D. ASSISTANT MEO	ICAL EXAMINER	DATE SIGNED
A CONTRACTOR OF THE PARTY OF TH			OEPUTY MEDICA	L EXAMINER X	11-9-60
EXAMINER'S NAME (Type)	Frank J. BROSCI	HART, M. D.	Addrass (Streat,	city, town, or county) Gait	hersburg, Md.
220. BURIAL, CREMATION		22c. NAME OF CEMETERY OR		22d. LOCATION (City, town,	
REMOVAL (Spacify) Burial-Shipme	ent? 11-10-60			Detroit	Michigan
23. FUNERAL DIRECTOR	10 ofta	AODRESS	24a. REC	O BY REGISTRAR   24b. REGIS	
7	a Though an			10V 1 4 '60 C	-1 - 0 - med
W.W.Chambers	s, 1400 Chapin	St., NW, Wash]	DATE F	IN I T OU	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 12806 CERTIFICATE OF DEATH director, 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE filed b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. ENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits/write RURAL and give nearest town) pe RURAL and give peofest tower P ethesis d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS OR INSTITUTION u bu NAME OF DATE Middle 4. Month DECEASED DEATH (Type or print) death 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH after DIVORCED cample WIDOWED | YIS. papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) oug carban 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 = With physici remave U. S. ARMED FORCES? SOCIAL SECURITY NO WAS DECEASED EVER 17. INFORMANT Address attending 578-05-44 edse 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). a PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO by permit. Conditions, if ony, which (b) After this certificate has been signed gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit haspital ar attending physician. 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION crematian, 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a. m. While Not while of work of work p. m. 21. I certify that (1) (this hospital) attended the deceased from \_\_\_\_\_\_\_ to pec saw the deceased alive an 1960 and that death accurred at 3 M, from the causes and on the date stated above. DIRECTOR: 22a. SIGNATURE by ATTENDING PHYS. STAFF PHYS. pe M.D. DIRECTOR . 22c. PHYSICIAN'S 22d. ADDRESS 3 shauld

TO FUNERAL VR A15 (4) 15M 9/59

page 3 shi the State E

24. FUNERAD DIRECTOR'S SIGNATURE **ADDRESS** Bethesda Pumphrey

Paul D. Cantor

60

NAME (Type)

REMOVAL\_(Specify)

Burial

23a. BURIAL, CREMATION, 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

Maryland

23d. LOCATION (City, town, or county)

e. IS RESIDENCE ON A FARM?

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(State)

22b. DATE

(Stote)

SIGNED

Doys

(County)

1960 that (1) (we) last

Months

YES NO

Yeor

19

Min.

Frederick, Maryland 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

DATE arthur & Forsis

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and the control of th	
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## OF HEALTH

	STATISTICAL RESEARCH A  CERTIFICA	
ce of DEATH OUNTY MONT 20M2-2	MARYLAND	2. USUAL RESIDENCE o. STATE May
ITY OR TOWN (If autside apporate limits write	C LENGTH OF STAY IN 16	CITY OF TOWN

12733

		PLACE OF DEATH	+ a a many	MARYLANI	a STATE M.		If institution: Residence COUNTY	t g om	en)
M)	t. I	b. CITY OR TOWN (If au	tside carporate limits, write	c. LENGTH OF STAY IN 11	c. CITY OR TOWN	If outside corporate limit	ts, write RURAL and gi	-	1
	To	akome Par	K Indi	14 days	Silver	Spring	, Mary	land	
075	V	or institution	Sanitary	111 1 1 1	d. STREET ADDRES	otley R	rad	e. IS RESID ON A F YES	ARM?
n		NAME OF DECEASED (Type or print)	cnnath i	Eugene	Harris	4. DINTE	Wenth Ven Der	1	960
	5. 5	SEX 6.	11 1.	RIED VIEVER MARRIED	T	15011 191	Months	YEAR WUNDER	24 HRS. Min.
(Rati	100	A FUAL OCCUPATION (		KIND OF BUSINESS OR IN	DUSTRY 11 BIRTHPLACE (S	tate or foreign country)	D e. yrs. 12. CITIZ	EN OF WHAT CO	UNTRY?
C	on	Pring mpit of working	1.5. Gout		17.	is	u	. Stat	e 5
ę	13	Kannath	W Harr	15	14. MOTHER MAJO	en NAME Hone	y cutt		
7.44	16.	WAS DECEASED EVER IN	U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17	INFORMANT	11 (1	Address (C	0.	0
	1	1B. CAUSE OF DEATH	Enter only one couse per	ine for (a), (b), and (c).]	100. Jann	our Aur	0 (3	INTERVAL RET	WEEN
		PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (a)	racheal	Oleslin	clion		Sevene de	/
		163)	DUE TO		7	1 0		1100	
		Conditions, if any, gave rise to imme	ediate (	relignant	umar of	lung		Toyo.	
		cause (a), stating the lying cause last.	(c)		4	9	1		
3.	CATION	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE T	ERMINAL DISEASE COND	ITION GIVEN IN PART	PERFOR	MED?
~	CERTIFI	20a. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY MEI	CAUSE OF DEATH	SCRIBE HOW INJURY OCCUP	RED. (Enter nature of injury	y in Part I ar Part II of it	em 1B.)		77.8
	MEDICAL	20c, TIME OF INJURY Haur a. m. p. m.	While		PLACE OF INJURY (Hame, factory, street, affice bldg.,		n) (C	ounty)	(State)
		21. I certify that (I	) (this haspital) atten	ded the deceased from		1960, to 11,	196	€, that (I) (W	e) last
		saw the deceased	alive on /// 6	1960 , and tha	t death accurred of	PM, from the co	ouses and an the	22b.	DATE
1		Kaym	me O. W	as mis	M.D. ATTENDING PHYS.	MED. STAF	5. 🗆		SIGNED
1		Raymon	d O. West		7600	CarrollAve		yland oma Par	rk.
19	23a	BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY	37 1 1 2 2		ity, tawn, or county)	(State)	
	_	FUNERAL DIRECTOR'S SA	II/9/60 GNAZURE	Arlington	National C	em Arlin	gton, Vir	ginia NAJURE	-
	7	We SH	104 Co 2;	901-14 2-	W.W. 19C DATE	MUA a po	Chilbun S.		

the ottending physician and campletely filled in the funeral director. Then please remove carbon papers. Pages 1 and 2 should be filed with after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be read by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and the State Board at Health priar to buriol, crematian, or remayal, and in any event, within 72 hours ofter death. VR A15 (4) 15M 9/59

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# ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 he funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death. by the haspital ar attending physician. may be refo

TO HOSPITAL

VS A15 (4) 15M 9/S5

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12807 **CERTIFICATE OF DEATH** 

12734 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ruralMt. Airy  2 WKS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Brown Nursing Home	5714 Kingswood Road ON A FARM?
3. NAME OF DECEASED (Type or print) THOMAS A. H	LOSI 4. DATE Month Day Yeor OF DEATH NOV. 11, 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  1-27-1884  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Farmerretired OWNER	USTRY 11. BIRTHPLACE (Stole or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?  U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Reuben Harrison	Christina Gosnell
(Yes no or unknown) . Iff was give your or deter of service)	T.Woodbow Harrison, R.D 7 Frederick, Md
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoting the under- lying cause lost.  (c)	lie Hart Disease Interval Between ONSET AND DEATH  ary carlesian Buddey
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO []  RED. (Enter noture of injury in Port I or Port II of item 18.)
OR CONTRIBUTING LI CAUSE OF DEATH	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while of work of work of the control of the contro	PLACE OF INJURY (Home, form, loctory, street, office bldg., etc.) (County) (Stote)
21. I certify that I attended the deceased from	, 19, to, 19,that I last saw the deceased
ACTUAL SIGNATURE OM Vaca Tocale PHYSICIAN'S ON Vaca D	th occurred at S.A. M, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D.  M.D.  DATE SIGNED
NAME (Type) /// OL// OB/C	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTROL SPECIFIC STREET, NAME OF CEMETERY CONTROL SPECIFICATION CONT	(Sidile)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. M. Waltz, Winfield, Md.	DATE  240. REC'D BY REGISTRAR  24b. REGISTRAR'S SIGNATURE  Circling B. Frank

				~ , ,	
				Challes William	
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### FOR STATE HEALTH DEPT.

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2688 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MONTGOMERY MONTGOMERY O. STATE MARYLAND MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN III outside corporate fimits, write RURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

SILVER SPRING

10 yrs.

SILVER SPRING d. STREET ADDRESS

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) OOOD MADEILAM COURTIN

/22/60

EY, INC.

BURLAL

OOOR MARKHAM STREET

e. IS RESIDENCE ON A FARM?

ARLINGTON, VIRGINIA

246. REGISTRAR'S SIGNATURE

arthur S. Thomas

240. REC'D AV REGISTRATO

DATE

9900 MARNI	UMPE SIKEEI			3300 PARIO	MINT DI	LEEL			YES	NO
3. NAME OF DECEASED (Type or print)	Fir RAYMO		The second second	ERSON	4. DATE OF DEATH	NOV .		18 Day		960
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED NEVER MA		ATE OF BIRTH		9. AGE (In years lost birthday) 62 yrs.	IF UNDE Months	R 1YEAR Days	IF UND	ER 24 HRS Min.
during most of working	life, even if retired)	done 10b. KIND OF BUSINES				ountry)	12. CI	TIZEN O		COUNTRY
13. FATHER'S NAME JAMES HENDE	RSON		14	NOTHER'S MAIDEN		known				
YES 18. CAUSE OF DEATH	WW # 1	218-26-534 se per line for (o), (b), and (	8 Mrs.	Mary W. H		Address on, 9908 Spring, M		AT WHE	-	ATH
Conditions, if on- gove rise to immedi (o), slating the un cause lost.	nderlying DUE TO		DEATH BUT NOT		MINAL DISEASE	CONDITION GIV	EN IN PA	, ,		AUTOPSY RMED? NO K
PART II, OTHE  200. EXTERNAL CAUSE PRIMARY Or CON CAUSE OF DEATH.  20c. TIME OF INJURY Hour o. m. p. m.	TRIBUTING LI	While Not while	D 20e. PLACE	r noture of injury in Po OF INJURY (Home, for street, office bldg., et	m, 20f. (City		(Ce	ounty)		(Slole)
21. I certify the opinion death r	Siand	of the remoins desc Natural causes	Accident [],		Homicide  EXAMINER   CAL EXAMINE				er 🔲	d in my
220. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC	DF 22c. NAME OF C	EMETERY OR CR	EMATORY	22d. LOCAT	10N (City, town, c	or county)		(Stote	e)

ARLINGTON NAT'L. CEMETERY

SILVER SPRING, MD.

24 hours after death. Sive Pages 1, 2, and ER: This certificate should be executed within 24 hours after death the word "pending" is pendi is them 18. Give Pages 1, 2, on Chief Medical Examiner's Office along with form PM3. Page 5 should be used as a burial-transit permit. File pages 1 and 13 should be used as a burial-transit permit. File pages 1 and 10 burial, cremation, or removal—mad in any event within 72 h. execute the difficate, writing the 4 should be forwarded to the Ch TO FUNERAL DIRECTOR: Page 3 si designated agent, 20

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12736

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he funeral director should be filed with R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur Is by the haspital or attending physician. may be recorded by the haspital or attending physician. Then please remove carban papers. Pages 1 page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. TO HOSPITA

VR A15 (4) 15M 9/59

1. PLACE OF DEATH					2. USUAL RESIDENCE (	Where deceased	d lived. If instituti	on: Residence	e before o	odmission)		
o. COUNTY	gomery		MARYL	AND	o. SIATE Marylan	d	b. COUNTY	Mont	gome	ry		
RURAL ond give n	If outside corporate limited rest town)	its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Kensington							
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g	211	address)		d. STREET ADDRESS 4025 Gle		accept	Road		S RESIDENCE ON A FARM? ES NO		
3. NAME OF DECEASED (Type or print)	Fii Mary		Middle		lost Hendry	4. DATE OF DEATH	Mor No		Day 10	Year 19 60		
5. SEX		7. MARE	RIED NEVER MARRIE		. DATE OF BIRTH	1891	9. AGE (In years last birthdoy) 69 yrs.	Months	_	UNDER 24 HRS		
10a. USUAL OCCUPATION during most of war Houses	king life, even if retired	)	KIND OF BUSINESS OF OWN Home	RINDUS	TRY 11. BIRTHPLACE (See Maryl:		ountry)		JS	HAT COUNTRY		
13. FATHER'S NAME					14. MOTHER'S MAIDER							
	lter A. E					Templ	e Hood	2105				
Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	service)	one		alton Hend	dry-Hu		ame	2d			
Conditions, if a gove rise to it couse (o), stoting lying couse lost.	the under-	a) m	teriose	lial	lar colle	eart	disea	se.	1/-1/19	WAS AUTORS		
200 ACCIDENT W	AGUNDERLYING DEATH MEDICAL EXAMINER)	h	eart +	ai	. (Enter nature of injury			VEIN IIN FAKT	F	PERFORMED?		
ZOc. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	While		20e. PLA foc	CE OF INJURY (Home, fory, street, office bldg.,	orm, 20f. (City	or town)	(0	County)	(State		
	at (I) (this hospita used olive on M	6	ded the deceased	_	eath occurred all		Mov-10 the couses or					
22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	IR. El	brma	autraut, M.		ATTENDING PHYS. 30  22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	1/19	160	22b. DATE SIGNE		
23a. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 23b. DATE THERE		23c. NAME OF CEME	TERY OF		23d. LOCA	ne, Reth TION (City, town, derick,	or county)		(State)		
24 FUNERAL DIRECTOR Robert		ey	Bethesda,	2.6		EC'D BY REGIST		ISTRAR'S SIG	SNATURE			

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12747 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY g. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corpora c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nealest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle DATE Month DECEASED (Type or print) DEATH 1960 MARRIST 6. COLOR OR RACE EVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Hours W DOWED | DIVORCED T 2. 4 yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) · WAR 21. S.C. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ε 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary edema, bilateral, IMMEDIATE CAUSE (of DUF TO Pressure c. cerebellum Canditions, if any, which ] gave rise to immediate cause DUE TO (a), stating the underlying cause last. Fracture, old, orbital plate, left frontal bbne 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS pasa PERFORMED? YES NO 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form. | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Not while factory, street, office bldg., etc.) 1960 al wark al wark 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection ... Inquiry 7 ond in my DIRECTOR: opinion deoth resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 11-23-60 **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 Buria Arlington. Virginia 23. FUNERAL DIRECTOR'S SIGNATURE

Funeral

Wheeler

VS. A15ME

5M 2/57

240. REC'D BY REGISTRAR

DATE

246. REGISTRAR'S SIGNATURE

arthur S. Kraus

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12738

IS RESIDENCE ON A FARM?

YES NO M

Year

1960

TO FUNERAL 3 page the St

IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO T (County) (State) Kensington Md . Montg 19\_40 that((1))(we) lost 19 00 and that death occurred of 1240M, from the causes and on the date stated above. 22b DATE SIGNED Philip R. James Washing ton Clinic 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Cedar Hill Cemetery Prince ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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VS. A15ME 5M 7/59

	MARYLAND	STATE D	EPARTMENT	OF HEALTH
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	MARYLAND STATE	DEPARTMENT OF HEALTH	
Division of STATISTICA	L RESEARCH AND RECORDS	s, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
1280ME	DICAL EXAMINER'S	DEPARTMENT OF HEALTH  5, 301 W. PRESTON STREET, BALTIMORE 1, M  5 CERTIFICATE OF DEATH  1 2. USUAL RESIDENCE (Where decessed lived, If institution: Re	12/03
CE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)

1	PLACE OF DEATH     COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residue. STATE b. COUNTY	dence before admission)
/	Montgomery MARYLAND	Maryland Mon	+ c
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  Bethesda	c. CITY OR TOWN (If outside corporate limits, write RURAL end gi	ve nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
-	7200 Seven Locks Rd.	1 2000 0	ON A FARM?
1	3. NAME OF First Middle	7200 Seven Locks Rd	
	OECEASED (Type or print) Reather Mary Louise Herbert	4. DATE Month DO OF DEATH RECEIVED 11.	/28 19 60
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	
	female col. WIDOWED DIVORCED	11/18/1960   lest birthdey)   Months   Day   yrs.   1 10	s Hours Min.
	10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (State or foreign country)   12. CITIZEN	OF WHAT COUNTRY?
1	done during most of working life, even if retired)	Maryland	SA
)	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	O.A.
,	Wm. Junior Ellis		
/		Irene Bradley Herbert	
	(Yes, no, or unkown) (Ifyesgivewarordetesofservice)		
		Mother	
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Asphyxia		Found dead
	DUE TO		in bed.
	Conditions, if eny, which (b) Upper Respiratory	Infection	
	geve rise to immediate cause		
	(e), steling the underlying Cause lest.		
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	11 19. WAS AUTOPSY
0			PERFORMED?
	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	nter neture of injury in Part I or Part II of item 18.)	YES NO K
	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	mer neture of injury in Part I of Part II of nem 16.)	
-		CE OF INJURY (Home, farm, ' 20f. (City or town) (County) ory, street, office bldg., etc.)	(Stete)
	Hour a.m.  While Not While factor at work at work	ory, street, office bidg., etc.)	
	21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection , Inquiry , a	nd in my opinion
	death resulted from: Natural causes X, Accident , Suici		na in my opinion
	A Total Course State Accident	CHIEF MEDICAL EXAMINER	
9	ACTUAL IN A COMMENT		
	SIGNATURE MANN METERS	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER 🛣 11/28/60	
	NAME (Type) Frank J. Broschart  220 BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY OR	Address (Street, city, town, or county)	
0	REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country)	(Stote)
Y	dun 1/10/00 onneun	min pachwelle	mac.
	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN.	ATURE
	Kohert C. Charlen Jocharle	1701 DATEDEC 5 '60 Coming 2. Kg	used

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1.	PLACE OF DEATH O. COUNTY O. STATE O. ST
1-	11/01/ GOMETA 1/10. 1110/17 JEINES
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  RURAL ond give nearest lown)
-	d. NAME OF HOSPITAL (If not in haspital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
L	OR INSTITUTION Ju burbane, 19125-Aldershot Frice YES NO
3.	NAME OF DECEASED (Type or print)  Name OF DeceaseD (Type or print)  Niddle Lost, OF DEATH 700 4 196
5.	SEX   6 COLOR OR RACE   7, MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH   9, AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 H
	male white WIDOWED DIVORCED 5/6/18 last birthday) Months Days Hours Min
10	Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY of the state of foreign country)  13. CITIZEN OF WHAT COUNTRY of the state of foreign country of the state of foreign country of the state of
13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1	Kust Hermsdorf Martha Masur
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16159CIALSECURITY NO. 17. INFORMANT Address
-	Johanna Hermsdorf-wife-same 2d
F	18. CAUSE OF DEATH [Enjer only one cause per line for (a), (b), and (c).] Pulmonary edeing INTERVAL BETWEEN
0	PART I. DEATH WAS CAUSED BY: PAULING WENG SUNGER SU
	153 3 DUE TO Abucken you Pulmonary embolism 6 low
	gove rise to immediate cause (o), stating the under- lying couse last.    Column   Carcinoma with metastasis   Carcinoma with with metastasis   Carcinoma with with metastasis   Carcinoma with with metastasis   Carcinoma with with with with with with with with
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO [
CERTIFI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II af item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of wark of work 19 of wor
	21. 1 certify that (1) (this haspital) attended the deceased from FEB 1969 to NOV 4. 1965 that (1) (we) la
	saw the deseased alive an Nov 1960, and that death accurred at 2PM, from the causes and an the date stated above
	220. SIGNATURE/  1 No vicos of Conney M.D. ATTENDING MED. STAFF PHYS. D DIRECTOR D PHYS. D 11/4/60
	22c. PHYSICIAN'S NAME (Type) THOMAS F. O'CONNOR M.D. 22d. ADDRESS 4861 BATTEBRY LANE BETHESDA 14, MD
23	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stole)
I	Burial 11/8/60 Arlington Nat. Cem. Arlington. Virginia
24	4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
I	Robert A. Pumphrey Bethesda, Maryland DATE NOW 9 '60 arthur & Kinus

DATE NOV 9

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by VR A15 (4) 15M 9/59

ofter death. Page 4 e funeral director,

Licharda derranded swife escape vd 

Nobarr A. Pampirey Setherda. Marriant Salaria out

Robert A. Pumphrey

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS A15 (4) 15M 9/S8

e. IS RESIDENCI ON A FARM? YES NO NO

Year

1960

Rea. Dist. No.

Days

(County)

11-28-60

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(Stote)

DATE SIGNED

U.S.A.

TOTAL CONTRACTOR

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Robert A. Fumphrett Beingsde, Nargland ......

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75 TO HOSPITAILOR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death. Page #	may be refuled by the hospital ar attending physician.  To FUNERAL EXECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director.  To FUNERAL EXECTOR: After this certificate has been signed by the attending physician and completely filled in the filled will page 3 shauld be detoched far use as the burial-transit permit. They please remove corbon papers. Pages 1 and 2 shauld be filled will the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.	

o. COUNTY Montgomery	7		MARYL		o. STATE District of		b COUNTY	n: Residence	e befare adn	nissian)
	f autside carporate limits,	write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If o	utside carpo	rate limits, write Rt	JRAL and gi	ive nearest to	own)
	(Rural)	E. I	11 days		Washington			- 4	+7	X 3
d. NAME OF HOSPIT	AL (If not in haspital, give	street c	oddress)		d. STREET ADDRESS	1523	I Section		e. IS I	RESIDENCE
U. S. Nava	al Hospital				2904 Garfie	eld Te	rrace, N.	.W.	YES	□ NO □
3. NAME OF DECEASED (Type or print)	First Alle	n	Middle		HOBBS	4. DATE OF DEATH	Nove		Poy Poy	Year 1960
S. SEX	6. COLOR OR RACE 7	MARR	ED NEVER MARRIED	B. C	DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UN	DER 24 HRS
Male	Caucasian v	VIDOWE	D DIVORCED		7-30-99		61 yrs.	MORITIS	Days Hou	rs Min.
during most of work  Mariner (	ON (Give kind of work do ling life, even if retired) Retired)		kind of Business or J. S. Navy	INDUSTRY		ar fareign co achuse			S.A.	T COUNTRY?
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	NAME				
Alexander	HOBBS				Louise AL	LEN				
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. INFO	RMANT	080	Addr	ess		
Yes	1916 to 1953			M(W)M	rs. Fayette	L. P.	Hobbs,	same a	IS #2 8	above
Canditions, if a gave rise to it cause (0), stating lying cause last.  PART II. OTHER	mmediate (				eart disease		E CONDITION GIV	EN IN PART	1(a) 19. W/	AS AUTOPSY
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	CRIBE HOW INJURY OC	CURRED. (	Enter nature of injury in	Port I ar Par	t II af item 1B.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Year 19	20d. IN While at wark	Nat while		OF INJURY (Hame, farm y, street, affice bldg., etc		ar tawn)	(C	ounty)	(State
	et (I) (thischespitat) sed alive an <u>NOV</u> .				Nov. 12 19 th accurred at 121					
22a. SIGNATURE	/d. 0	Com	mell	M.E		ED.	STAFF PHYS.	a an the		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	F. H. O'CONN	ELL,	LCDR, MC,	USN	U. S. Nave	al Hos	pital, Be	ethesd	la, Md	•
REMOVAL (Specify) Burial	TT-50-00		23c. NAME OF CEMEN		tional	Ar	tion (City, town, clington		Virgin	itote) nia
24. FUNERAL DIRECTOR	s signature for	our)	ADDRESS		25a. REC	DAY SEGIST		TRAR'S SIG		

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Rea. Dist. No.

death

attending physician. by 3 shoul may be reta

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Montgomery Maryland Montromerv b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give negrest town) RURAL and give nearest town Rural Dickerson Rural Dickerson d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO TA Peach Tree Road. Peach Tree Road NAME OF First Middle 4. DATE Month Day Year DECEASED HONEMOND DEATH (Type or print) PERCIVAL J 19 60 Nov 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Dovs June 15, 1875 male colored WIDOWED [ DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) U. S. A. Virginia Lahorer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Honemond Josiah Sarah Unknown haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Sarah Honemond - Peach Tree Rd. Dickerson, Md. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **DUE TO** ypertensive Cerebral Vascular Disease Conditions, if ony, which gave rise to immediate DUE TO couse (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY removal, PERFORMED? YES NO SCASE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 10 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, affice bldg., etc.) WEDI o. m Not while ot work at wark 21. I certify that I attended the deceased fram. 1960, that I last saw the deceased November and that death accurred at 130 P.M. from the causes and on the date stated above. DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL prior PHYSICIAN'S registrar Gorden M. Smith NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) page 11/18/60 Poolesville, Md. Jerusalem Baptist. 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Rockville, Md. DATE HOV 1 8 '60 arthur S. France 1SM 9/SB

VS A15 (4)

THE BLEST . The deal - Lorentz visit and William St. St. Carried March or Discher Sx Carl A Toni Standing Carding . Dieseles The Marketon Co Start Co Williams The month Barnesy the and James 

1 STATE	12	814 M	EDICAL E	TE DEPARTMI	S CERTIFICA	TE OF	IMORE, DEATH	18
TH DEPT.	1 PLACE OF DEATH	1	B II, EC	or up file	T.	/18/60	T.W.F.	K
( X	o. COUNTY			44.4.0.VI.4.1.00	2. USUAL RESIDENCE o. STATE		b. COUNT	
W		TGOMURY If outside corporate limits, w	circ Pillar	MARYLAND ENGTH OF STAY IN 16		D.C.		
	and the negrest tow	n)	C. LI	INGIH OF SIAT IN IB	c. CITY OR TOWN	(If autside carpor	ate limits, write	RURA
,	17004	ville			WASHING			
	Off Sunsh	ine – Brig	hton Road	give street address)	d. STREET ADDRESS		95 75	
	3. NAME OF					WTON ST,	N.W.	1
	DECEASED (Type or print)		irst	Middle	lost	4. DATE OF	Monti	
		AGNE		LOUISE	HORNE	DEATH	NOV	
	5. SEX	6. COLOR OR RACI		NEVER MARRIED   B	. DATE OF BIRTH	9.	AGE (In years lost birthday)	IF U
	Female	Col	WIDOWED	DIVORCED	3/12/25		35 yrs.	Mar
	10a. USUAL OCCUPATI	ON (Give kind of worl	k dane 10b. KIND C	F BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sig	te ar fareign cavi	nlry)	12
		al Nurse			GEORG	IA		
	13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
	GENER	AL LEE CO	OOK			V		
	15. WAS DECEASED ET	ER IN U. S. ARMED F	ORCES? 16. SOCIA	L SECURITY NO. 17. H	NFORMANT	radshaw	Address	
	(Yes, no, er unknown)	(If yes, give war or dates o	of service)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Conditions, if gove rise to imme (a), stating the cause last.	underlying DUE TO	b Lacer b Rull	xsanguinati ation of ac et wound	rta			
	PART II. OT	HER SIGNIFICANT CO	NDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE C	ONDITION GIV	EN IN
	3							
	PART II, OT	USE WAS INTRIBUTING []	Unknown.	Found dead	in woods al	long side	e of St	ung
	ZOc. TIME OF INJU	wnknown	While	Not while factor	EFOF INJURY (Hame, fa ary, street, affice bldg., e unknown	nr Sur		Мо
		hot I took chora			ve, held on Autop		pection .	In
֡				s . Accident		275	_	
	opo.	1		. Accident	, Soicide [,	Homicide 5	d, Undete	mir
	ACTUAL	to 10	Barne	haut	CHIEF MEDICAL	EVAMINED (**)		
	SIGNATURE<	I were J.	Jun	rece	_ m. u.		7	
	EXAMINER'S				ASSISTANT MEDI	_		-
	NAME (Type)		BROCHART	<u> </u>	DEPUTY MEDICAL			1.
	22a. BURIAL, CREMATIC .REMOVAL (Specify	11-15	-60 (M	AME OF CEMETERY OF	THE THINK	1/1/4	ALLECT	/ CON
	23. EUNERAL DIRECTOR	SIGNATURE	19	ADDRESS .	240. REC	D BY REGISTRAI	R 246. REGIS	TRAR

5M 2/57

Reg. Dist. No. 12744

	o. COUNTY	VCOLUM		MARYL	AND	o. STATE		ed lived. If institu b. COUNT		ence bel	ore edmi	issian)
-	b. CITY OR TOWN (H	outside carparate limits, w	rite RURAL	c. LENGTH OF STAY IN		c. CITY OR TOWN (	o C.	agenta limita audita	PIIDAL	d also a		
	on the negrest town)	100		To carrow or star in				porgre limits, write	KUKAL an	a give n	egresi ia	wn
_	Mock	ville				WASHING	CON		-	-/1	1 -	)
1	off Sunshi	ne – Brig	hton R	spital, give street address) OAC		d. STREET ADDRESS	TON ST	N W				A FARMS
	NAME OF		irst	Middle		Lost	4. DATE	Month		D		
	DECEASED (Type or print)	AGNI		LOUISE			OF DEATH			Doy		fear
	SEX			ED NEVER MARRIED		HORNE		NOV	-	1	960 1	-
,		O. COLOR OR RAC				DATE OF BIRTH		9. AGE (In years lost birthday)	Manths	Days	Haura	Min.
_	Female	Col	WIDOWE		-	3/12/25		35 yrs.	Maritin	Duy.	110013	Min.
00	during most of working	life, even if retired	k dane 10b. i	CIND OF BUSINESS OR IN	IDUSTR			ountry)				COUNTR
	Pratica	Nurse				GEORG.			J	.S.1	A .	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	GENERAL	L LEE CO	OOK			By	adshav					
15.	WAS DECEASED EVE	R IN U. S. ARMED F		SOCIAL SECURITY NO.	17. IN	FORMANT		Address				
		in last fine and at anies										
-	18. CAUSE OF DEAT	H [Enler only one c	ause per line	far (a), (b), and (c).]						INTER	VAL BETWE	CA 5.0
	PART I. DEATH	WAS CAUSED BY:								ONSE	T AND DEA	KTH
	0	MMEDIATE CAUSE	a)	Exsanguina	ttic	n			7-21	Fo	und	
	181	DUE TO	0							dea	d in	1
	Conditions, if on		b) La	ceration of	BOT	rta				WO	ods	
	gave rise to immedi (a), sloting the u		0								7. 16.19	
	cause last.		e) B	ullet wound								
Z	PART II, OTHE	ER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO DEATH	BUTNO	OT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PAR	T 1(e) 19	WAS	AUTOPSY
AIK									.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFO	RMED?
	200. EXTERNAL CAUS	SE WAS	ON DESCRIBI	HOW INJURY OCCURRE	D /E-					Y	res 🙀	NO 🗌
CEKE	PRIMARY TO OF CAUSE OF DEATH.	TRIBUTING 🗆	Unkno	wn. Found de	ad	in woods al	ong si	de of Su	mshi	ne -		
3	20c. TIME OF INJURY		ear 20d. I	NJURY OCEURED 120F.	PAR	E*OF INJURY (Hame, fari	m, 120f. (City	or lown)	(Cau	inty)		(State)
VED I	Hour a.m.	unknown ,	While	Nat while	factor	y, street, affice bldg., etc nknown	- 1		Monte	7.	Md	
~		at I took obere			-					,		
				emoins described			sy 🔀 in	spection [],	Inquir	у 🔲,	one	d in my
	opinion death r	esulted from:	Noturol o	couses . Accide	nt [	, Svicide ,	Homicide	Undeter	mined r	nonne		
	(	2	0									
	ACTUAL SIGNATURE	bank I	13m	ortact		M.D. CHIEF MEDICAL E	XAMINER [				DATE S	IGNED
		1				ASSISTANT MEDIC	AL EXAMINER					
	EXAMINER'S NAME (Type)	RANK J.	DDUGLIA	D <b>m</b>		DEPUTY MEDICAL			11/6	160		
20	BURIAL, CREMATION		BROCHA	225 NAME OF CEMETER	ORC			ION (City James 9		-	ISIG	1
	•REMOVAL (Specify)	11-15	1/00	Ny Fines	P	Emprish !!	(111)	Sulti	33300	Md.	(State	11
7	EUNERAL DIRECTOR'S	SIGNIATURE	_ 4 0	ADDRESS	2-12	7-12/11/11	1 (1/4/40	1114711	1111	1411	114	1-1
(	if it is	150	1	23/1/7		of .	D BY REGISTR	4				
-	/ -/ 1.1	-+ C- 11 -2	1 /	> Lulestin	- de	LI LA DATE N	10V 1 5 '6		11 9	4		

I SN I W MEDICAL SHAMINGH'S CERTIFICATE OF DEATH 0.700 Charles and and an 

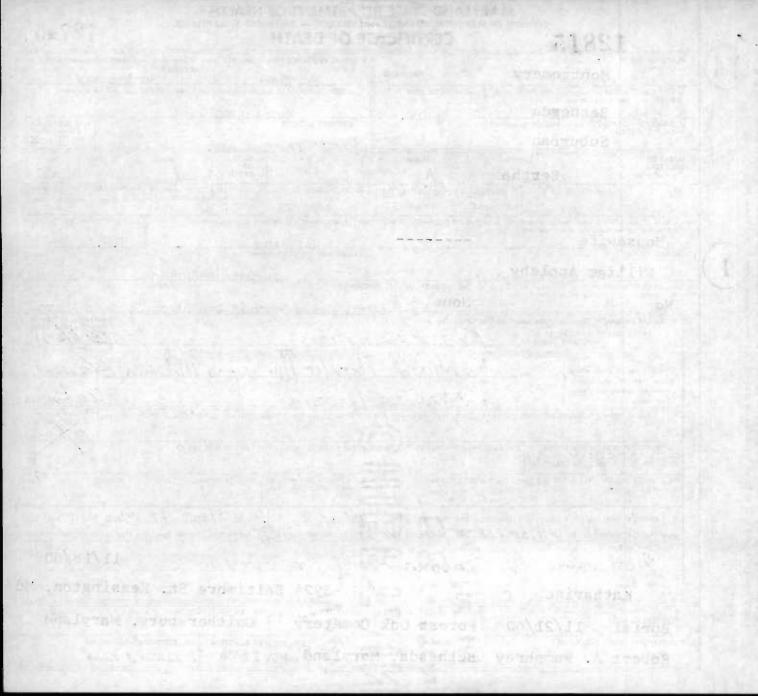
12745

	2011)	OEKI II IO	TIE OF BENTIN		
1. PLACE OF DEATH				nere deceased lived. If institution	n: Residence before admission)
8. COUNTY	Montgomery	MARYLAND	o. STATE	b. COUNTY	Montgomery
b. CITY OR TOWN	(If outside corporate limits, nearest town)	write c. LENGTH OF STAY IN 16	7	outside corporate limits, write RU	JRAL and give nearest town)
Poth	Bethesda	4 Hrs.		sington	
OR INSTITUTION	Suburban	street address)	d. STREET ADDRESS	Jan Arro	e. IS RESIDENC ON A FARM YES NO
. NAME OF	Saourban	Middle	Last	4. DATE Mont	th Day Year
DECEASED (Type or print)	Berth		Hughes	OF DEATH 11/18/	1950
. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 H
Female	White w	IDOWED DIVORCED	7/29/78	82 yrs.	Months Doys Hours Mi
Oa. USUAL OCCUPATI	ON (Give kind of work don	10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNT
Housev	rking life, even if retired)		1/	m J	II.S.A
3. FATHER S NAME	6-0		Marylas 14. MOTHER'S MAÍDEN N		Hacall
	i am Annlahu				
	lam Appleby	77 2007		ugusta Anderso	
Yes, no, or unknown	ER IN U. S. ARMED FORCES		INFORMANT	Addr	ess
No		None	Mra Walan Dr	eveil Daughter	Same as Above
18. CAUSE OF DE	ATH [Enter only one couse	per line for (o), (b), and (c).]	ACCOUNTS OF THE PARTY OF THE PA	The state of the s	INTERVAL BETWEE
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	EXSANAU	notion		ONSET AND DEAT
1461	DUE TO				00
		K Etwa	D_t: 11.	211-	win 1 Starce
Canditions, if a		Myurea	HOTTLE FINE	eurysm, 17 Daci	mina ( cuiu)
cause (o), stoting		D1.+ -	/		Cuk
lying cause lost.	(c)_	Hallrios	clerosis		unt-no
PART II. OT	THER SIGNIFICANT CONDIT	TIONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERMI	inal disease condition giv	EN IN PART 1(6) 19. WAS AUTOI PERFORMED YES NO
20a. ACCIDENT W	G CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Part II of item 18.)	
	Y MEDICAL EXAMINER)				
20c. TIME OF INJU Haur a.m.		20d. INJURY OCCURRED 20e. F	LACE OF INJURY (Home, farm octory, street, office bldg., etc.	n, i 20t. (City or town)	(County) (S
p. m.		at wark at wark			
21 I cartify th	at //\ /this hasnital\ a	attended the deceased fram	Juno 6 10	44.10 Mov. 1	8, 19 60 that (1) (we)
	C/A	. / / \	()	7.3.	
saw the deced	ased alive an Ilou	LLD IN EQ and that	death accurred at	, from the causes an	d an the date stated abo
220. SIGNATURE	Enrique A	. Clahman	M.D. PHYS. DI	ED. STAFF	11/18/60 <sup>G</sup>
22c. PHYSICIAN'S	The contract of the contract o	1,000	22d. ADDRESS		
NAME (Type)	tharine	Chapman	3924 Ba	altimore St.	Kensington,
	217 22 100				
REMOVAL (Specify	ON 236. DATE THEREOF	23c. NAME OF CEMETERY		Caithershi	rg, Maryland
Burial	11/21/60	Forest Oak	Cemerery		
4. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE
Robert	A. Pumphr	ev Bethesda,	Maryland ATENO	V 2 2 '60   Cu	hur S. Kraus

may be reto. by the haspital ar attending physician.

TO FUNERAL WIECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours ofter death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL VR A1S (4) 1SM 9/59

fter death. Page 4



After death. Poge 4

TO HOSPITAL MATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours may be reputed by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

	-1	~ () () .)										
	LACE OF DEATH	ONTGOMERY		MA	RYLAND	- CTATE	DENCE (WH		lived. If instituti b. COUNTY	on: Residence	o before of	dmission) Y
t	RURAL and give ne	outside corporate limi arest town) R SPRING	ts, write	c. LENGTH OF ST.	ars	3 c. CITY OR		nutside corpo R SPRI	rote limits, write R	URAL ond gi	ve nearest	town)
(		2702 FENII		_		d. STREET A		IMORE	ROAD	Page 1	0	RESIDENCE ON A FARM? S NO
1	NAME OF DECEASED Type or print)	JESSE BOY	WLES	HUGHES	dle SR	Las	t	4. DATE OF DEATH	NOV		Day 6	Year 19 60
s. s	LE	6. COLOR OR RACE WHITE	7. MARR	IED NEVER MAI	CED	B. DATE OF BIRT 3/31/08	Н		9. AGE (In years lost birthdoy) 52 yrs.			JNDER 24 HRS. Ours Min.
Ir 13.	during most of work  18UTANCE ST  FATHER'S NAME	N (Give kind of work ing life, even if retired upervisor	Ame	KIND OF BUSINESS rican Cit surance C	izens	Ora	nge C	ounty,	ountry) Virgini		EN OF WH	•
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY I	1.0	NFORMANT S. Georg			Add	ress Fenimo	ore R	<b>ea</b> d
NOI	Conditions, if or gove rise to in couse (a), stoting to lying couse lost.  Part II. OTH	nmediote (	) )	Cos:	DEATH BUT	AND I NOT RELATED TO	THE TERMI	Peris	Scler E CONDITION GIV	/EN IN PART	1(o) 19. W	Year
CERTIFICAT	YES NO											
MEDICAL	20c. TIME OF INJURY Hour o. m." p. m.	Month, Doy, Ye	ar 20d. If While of wor	NJURY OCCURRED Not while		ACE OF INJURY ( ctory, street, offic			or town)	(Co	ounty)	(Stote)
	21. I certify that (I) (this hospital) attended the deceased fram. Plus 1953 to 1960 that (I) (we) last saw the deceased alive an 1960 and that death occurred at 44M, from the causes and an the date stated above.  220. STONATURE  M.D. ATTENDING MED. STAFF SIGNED  22c. PHYS/CIAN'S DIRECTOR DIRECTOR DIRECTOR MED. OF PHYS. DIRECTOR MED. OF PHYS. DIRECTOR MED. OF PHYS. DIRECTOR MED. DIRECTOR MED. OF PHYS. DIRECTOR MED. OF PHYS. DIRECTOR MED. OF PHYS. DIRECTOR MED. OF PHYS. DIRECTOR MED. DIRECTOR MED. OF PHYS. DIRECTOR MED. DIRECTOR											
		N, 23b. DATE THEREC		23c. NAME OF C					TION (City, founds	DUNTY,	MAKY	LAND /
24.	FUNERAL DIRECTOR'S	UMPHREY & I	NC.	ADDRESS SILVER S	SPRING	G, MD.		D BY REGIST	_	STRAR'S SIG		

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	A STATE OF THE REAL PROPERTY.
Visit Transaction	
The second second	
	.,

FOR STATE Secessory, please

director. Page or your files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the Artificate, writing the word "pending" in pendil in Ilem 18. Give Pages 1, 2, and 3 to the fund direct should extounded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain for yor yo FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perper. File pages 1 and 2 with the State board or its designabled agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

Item 18

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12756 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2747 Reg. Dist. No.

			The state of the s	
h	PLACE OF DEATH	2. USUAL RESIDENCE (When	e deceased lived. If institution: Residen	ce before admission)
X	o. COUNTY MINTEMULY MARYLAND	o. STATE m	b. COUNTY M	orto
1	b. CITY OR TOWN III outside corporate lime , write BURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write RURAL and	give neglest tawn)
Y	The fear led 5 Man	Roth	-00- 11	
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	deSTREET ADDRESS	,	e. IS RESIDENCE
-	1808 Mc auliste Dr	1808 ma	alestel Da	ON A FARM? YES NO
3	NAME OF DECEASED First UU Middle		DATE Month	Day Year
_	(Type or print) ( Suletin Edmund)		DEATH MW 7	27 1960
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6.	DATE OF BIRTH	9. AGE (In years   IF UNDER 1	
	male white WIDOWED DIVORCED	1-16-26	34 yrs. Months D	Pays Hours Min.
1	Oo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or f	oreign country) 12. CITIZ	EN OF WHAT COUNTRY
	accountant of S. you.	70.	n	156
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	E	-3.42
	Charles C Hulse	0-10 4	Office	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	HORMANT	Address	Tin 1 .
1	Yes. of the Minown) III yes. Several edges of service) Unknown	"1 1E H	10 - 1806 men	suffer or
-	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	charge & stu	ese portere	INTERVAL DETWEEN
		oma hilatam	-1	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	ema - bilater	aı	
	522,0 DUE TO			
	Conditions, if ony, which gave rise to immediate couse (b) ASpiration of	f gastric con	tents	
	(e), stating the underlying DUE TO	liam		
	(c)			
101	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
24.9				YES NO
PERVICE	PRIMARY OF OCONTRIBUTING CAUSE OF OCCURRED. (En CAUSE OF OCCURRED.)	nter noture of injury in Part I o	r Fart II of item 18.)	
		CE OF INJURY (Home, form,	Of. (City or town) (Count	ty) (State)
ALERIA AS	Haur o. m. While Not while facto	ry, street, office bldg., etc.)	or (erry or rown) (essen	iyi (sidie)
2			7	
	21. I certify that I took charge of the remains described above		Inspection . Inquiry	, and in my
	opinion deoth resulted from: Noturol causes [], Accident [	], Suicide [], Hor	nicide [], Undetermined me	onner 🔲
	1			DATE SIGNED
	SIGNATURE Trans 1 / Jarrhait	M.D. CHIEF MEDICAL EXAMI	NER 🗌	DATE SIGNED
	EVANIAGES TO ALLE TO DE	ASSISTANT MEDICAL E		
	NAME (Type) FLANK, T. BLOSCHQF	DEPUTY MEDICAL EXAM	MINER 2 11-28	-60
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22c	I. LOCATION (City, town, or county)	(State)
	Burial 11/30/60 Arlington N	at. Cem.	Arlington, Virg	rinia
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY		
	Robert A. Pumphrey Bethesda, Mar	vland DATELON 2	9'80 arthur 8. H	Tall
6.	The state of the s	J	TI BILL I LANDON A. I'V	

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en e la constant				
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	Garana Ga			

MARYLAND STATE DE ASTMENT OF MEATHERANDER

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12748

by the haspital or otherding physician.

\*\*TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, detached far use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 shauld be filed with Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

ofter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

may be remained to FUNERAL DIRECTOR PAGE 3 should be the State Board of	
VR A1S (4) 1SM 9/59	0

2

	o. COUNTY Montgomery			MARYL	and the	. USUAL RESIDENCE (Va. STATE D.C.	Where decease	d lived. If institution b. COUNTY	on: Residence	before adn	nission)
	b. CITY OR TOWN (III	autside carporate limi	ts, write	c. LENGTH OF STAY I	NIP	c. CITY OR TOWN (I	f autside carpo	orate limits, write R	URAL and gi	ve nearest to	own)
I	Bethesda (	Rural)		17 days		Washington					7X-
	d. NAME OF HOSPIT	AL (If not in hospital, g	give street	address)		d. STREET ADDRESS	3,111-3	e. IS	RESIDENCE		
		1 Hospital				1200 44th	Place	SE WDC			□ NO □
1	3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Man	th	Day	Year
1	(Type or print)	Will	iam	George	3	HUNTLEY	OF DEATH	Novem	ber	7	19 60
	S. SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years last birthday)			NDER 24 HRS
ı	Male	Caucasian	WIDOWI	DIVORCED		12-11-82		77 yrs.	Manths [	Days Hou	rs Min.
	Oa. USUAL OCCUPATION during most of work USMC	DN (Give kind of wark ing life, even if relired	dane 10b.	KIND OF BUSINESS OR RETTRED/USI		Mt. Asn, W	ales, Ei			S.A.	T COUNTRY?
F	3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		1100	17.10	
	George HUNI	LEY				Anna JAMI	ES				
	Yes, no, or unknown) Yes	9-14-45		social security no. nknown	17. INFO		.J.Hunt	1215 Lley Hyat	"Chill tsvill	um Ma	nor Rd
	Conditions, if or gave rise to in cause (a), stating lying cause last.	the <u>under-</u> DUE TO	3. 6	Parcin ma	1					4 pc	
	PART II. OTH  PART II. OTH  OR CONTRIBUTING  (IF EITHER, NOTIFY	ier significant con	DITIONS <u>C</u>	CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	PER	S AUTOPSY REORMED?
- 1		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	Enter nature af injury i	in Part I ar Par	t II of item 18.)			
	Haur o.m.	Y Manth, Day, Ye	While of war	Nat while	factor	E OF INJURY (Hame, fa y, street, office bldg., e	etc.)	ar town)	(Co	ounty)	(State)
	21. I certify that saw the deceas	t 🕅 (this hospital	v · 7	led the deceased f	fram_0 that dec	ct. 21 10	40AMta_ M, fram	Noy . 7			ed abave.
	Cunul 22c. PHYSICIAN'S	e Mille	3/	2 aus	М.	D. ATTENDING DEPTHYS.	MED. DIRECTOR	STAFF PHYS.	1.15	11-	226. DATE \$IGNED 7-60
	NAME (Type)			R, JR., LT, MC	C, USN		aval Ho	spital, I	Bethes	da, Mo	1
	REMOVAL (Specify)	11-10-0	_	23c. NAME OF CEME				TION (City, town, ongton, Va		(5	itote)
1	Lee Funeral	- DOG -	Mass	ADDRESS Ave. NW, WI	DC	250. RE	C'D BY REGIST		STRAR'S SIGN		2.5

THE PERSON HAVE SELECT TAKE THE PARTY OF THE

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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5	BOTT	141	
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fter death. Page 4

Then please remave carban papers. Pages I and

may be retorned by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the State Board of Health priar to burial, crematian, ar remayal, add in any event, within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL	may be reta	TO FUNERAL D	page 3 shaula
VR 1S	A'	15 9	(4)

1.	PLACE OF DEATH D. COUNTY Montgomery	r		MARY	LAND	2. USUAL RESIDENCE O. STATE District					nce befo	re admiss	sion)
	b. CITY OR TOWN (I RURAL and give no	f autside carparote limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN			ate limits, write f	RURAL and	give ne	arest lawr	n)
	Bethesda (	(Rural)	10.5	17 days		Washingt		,				1	1
	OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRES		ac Ave	., S.E.				FARM?
3.	NAME OF DECEASED (Type or print)	Fir Joh		Middle Lee Rov		Lost HUTCHESOI		4. DATE OF DEATH	Novem		22	,	Year 1960
S.	SEX			IED X NEVER MARRIE		8. DATE OF BIRTH		1	9. AGE (In years	IF UNDE	R 1 YEAR		ER 24 HRS.
ME	le	Caucasian	WIDOWE		_	7-26-89			71 yrs.	Months	Days	Hours	Min.
10	. USUAL OCCUPATION	ON (Give kind of work	dane 10b.	KIND OF BUSINESS O	R INDUS	STRY 11. BIRTHPLACE (S	State o	r foreign co	untry)	12. CI	TIZEN O	F WHAT	COUNTRY?
	Mariner	ing life, even if retired (Retired)	,	U. S. Navy		North	Car	rolina	1	J	J.S.	4.	
13	FATHER'S NAME					14. MOTHER'S MAID	DEN NA	AME			355		
	Charles L.	. HUTCHESON				Jane DEI	YNN						
15	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.	. 17. IN	IFORMANT	250		Add	ress Na	val	Air	Sta.
	Yes	WWI		Vone	(S)	Fred D. H	utcl	heson,	YN3, U	SNR,	Mira	amar,	Cali
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  (c)  COUNTY OCCULATION  (b)  Arteriosclerotic heart disease  DUE TO  (c)											L5 mi		
CERTIFICATION	OR CONTRIBUTING					NOT RELATED TO THE T  D. (Enter nature of injur				VEN IN PA	RT 1(a)	PERFC	AUTOPSY DRMED?
MEDICAL	20c. TIME OF INJUR Haur o. m. p. m.	Y Manth, Day, Yes	While	NJURY OCCURRED  Not while  k at wark		ACE OF INJURY (Home, tory, street, office bldg.		20f. (City	ar tawn)		(County)		(State)
21. I certify that (I) (MXXXXXXXXXX) attended the deceased fram. Nov. 5 1:50PM to Nov. 22 19 60, that (I) (WXXIII saw the deceased alive an Nov. 22 19 60, and that death accurred at M, fram the causes and an the date stated above 226. SIGNATURE											abave.		
23	a. BURIAL, CREMATIC REMOVAL (Specify)	ON, 235 DATE THEREC	)F	23c. NAME OF CEMI	ETERY O	R CREMATORY	:	23d. LOCAT	ION (City, town,	ar caunty)		(Sto	te)
	Burial	11-28-6	0	Arlingto	n Na	tional		Arl	ington		- 10	ginia	l
24 R	FUNERAL DIRECTOR	Hambers Co		ADDRESS 7 llth St.	SE,W	ashDC DATE	REC'D	BY REGISTI	- 02	Istrar's s	- 4 -		

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

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Then please remave carban papers. Pages I and

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in be page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remaval, and in any event within 22 haurs after death.

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATL

CERTI	FICA	TE C	F DE	ATH

12750

	PLACE OF DEATH					2. USUAL RESIDE	ENCE (Whe	ere deceased			nce before adr	nission)
	2.0	romery		MARYLA	ND	Mar	vlan	i	b. COUNTY	St. N	fary's	
	D. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TO	OWN (If or	itside corpore	ote limits, write	RURAL ond	give negrest to	own)
	ethesda (Ru			4 Days		Pat	tuxen	t Rive	r (Rura	1)	10	1-
	d. NAME OF HOSPITA	L (If not in haspital, g	ive street	address)		d. STREET AD	DRESS				e. IS Of	RESIDENCE A FARM?
LU.	S. Naval	Hospital,	Beth	nesda, Md.		757B MEM	1Q. N.	aval A	ir Stat	ion_	YES	□ NO 🖾
3.	NAME OF DECEASED	Fir	st	Middle		Last		4. DATE OF	Ma	nth	Day	Year
	(Type or print)	Jam	es	Allen		JOHNSON	V	DEATH	Nov	ember	11	1960
S. S	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	<b>⊠</b> 8.	DATE OF BIRTH			9. AGE (In years last birthday)	IF UNDER Months		
Ma	ale	Caucasian	WIDOW	ED DIVORCED	0 2	9 Octobe	er 19	60	yrs		13 Hou	rs Min.
10a	. USUAL OCCUPATION		done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLA	CE (Stote o	or fareign co	untry)	12. CIT	IZEN OF WHA	T COUNTRY?
	NA	ng me, even n temed	'	NA		Maryla	and				USA	
13.	FATHER'S NAME					14. MOTHER'S A	MAIDEN N	AME	- 11			
W-	illiam B.	TOHNSON				Carolyn	000	PER				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	DRMANT			Ade	dress757	B MEMQ	NAS
(Yes	NO (1	f yes, give wor or dates of s NA	ervice)	NΔ	พา	liam B.	JOHN	SON			t River	
-			use per li	ne far (a), (b), and (c).	1 The sky	TTORIT TO	O O I III	0011		0421011	INTERVAL	BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	-		- 11	10 1	11111		CTI		ONSET A	ND DEATH
	7/0	IMMEDIATE CAUSE (d	160	SHEIFICE	NI	1A U	NA	VUU.	2010	4000	/	
	00	DUE TO										
	Conditions, if on gove rise to im	mediate										
	couse (o), stating th											
7	lying couse lost.	) (c										
01	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMIN	VAL DISEASE	CONDITION G	IVEN IN PAR	PEI	REORMED?
2											YES	NO 🗌
CERTIFICATION	OR CONTRIBUTING	☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	CURRED.	(Enter noture of	injury in P	ort I or Port	II af item 1B.)			
	(IF EITHER, NOTIFY A									- Jo		
WEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Doy, Ye	or 20d. II While			E OF INJURY (Hery, street, office			ar town)	(	County)	(Stote)
ME	p. m.	19	ot wor	k ot work							12.76	
	21. I certify that	(Kithis hospita	) attend	ded the deceased fr	ram	11-7	. 19	60. ta	11-11	19	60 that A	(we) last
П		ed alive an		17_1960, and th								
	220. SIGNATURE	/	1	//	1101 00			707 2072.				22b. DATE
	Kola	19/	Ku	16	M	D. PHYS.	□ ME	D. RECTOR -	STAFF PHYS. TX	11 N	ovembe:	r 1960
	22c. PHYSICIAN'S					22d. ADDRES	SS					
	NAME (Type)	V. RACK	TT	WC HENT		II. S.	Marra	1 Hogy	oital. E	Rethes	da. Ma	rvland
230	BURIAL, CREMATION		)F	23c. NAME OF CEMET	ERY OR				ION (City, tawn,			itote)
	REMOVAL (Specify)	11-12-		Ebeneze					t Mills		Md	
24	LUMER OF DIRECTORS		0/1	ADDRESS	10	_	2So. REC'D	BY REGISTE		ISTRAR'S SI	GNATURE	
1/	Robinson's	- Junes	ome.	Leonardtown	M	7 1100	)				8. Kroun	
	G. HOGHTGOH	/ distant i	/   /	DOUINGE COUNTY	7					- Primary	a. / Crauch	
	205	1355)	(US	5							10,00	

HANTS OF STATEMENT OF STATE OF atvente. Experiment of Land Land Street Co. Street Street - LIST Enough NUMBER OF ESCAPERS - TO DAILY TO 

# FOR STATE HEALTH DEPT. 1 PLACE OF DEATH is necessary, director. Page TO DEPUT REDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any car please executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the func

VS. 5M

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7

,	e. COUNTY	e, STATE	b. COUNTY
	Monta onery MARYLAND	mal	monte.
	b. CITY OR TOWN (If outside proporete limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corpo	rate limits, write RURAL and give jearest town)
	Betherak 2 mo	9 13 71	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS PLEASE	o. IS RESIE
	4821 1 00. 00	1 4021 11.0	Par Con Nes To N
3.	NAME OF First Widdle	Lost 4. DATE	Kay CLEZ YES N
	DECEASED (Type or print)	OF DEATH	
	Mary Natherus	res	hov 2 1960
5.	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9.	AGE (In yeers   IF UNDER TYEAR   IF UNDER 24
-	femal White WIDOWED DIVORCED	6-27-60	yrs. 4 5-
100	USUAL OCCUPATION (Give kind of work the during most of working life, even il retired)	11. BIRTHPLACE (State or foreign cour	niry) 12. CITIZEN OF WHAT COL
V	hme	Leun	21.56
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-
1	Lac- Joseph	Par Par	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	NFORMANT	Address
(Ya	(fyespivewerordetesofservice)	0 000	1 V. 2
-	NO NONE  18. CAUSE OF DEATH  Enter only one cause per line for (e), (b), end (c).]	2 Jones ( Justin	I INTERVAL BETWE
	PART I, DEATH WAS CAUSED BY:		ONSET AND DEA
	IMMEDIATE CAUSE (0) Capture	V	Ingl
	475 X DUE TO		deme -
	Conditions, It any, which \ (b) grape Redeat	Tung Judich	deorl-
	Conditions, it any, which give rise to immediate cause DIETO	Try Infiele	deost-
	Conditions, It any, which are rise to immediate cause (b) Suffer Regular	Try Dufiele	deost-
NO	Conditions, it any, which gove rise to immediate cause (e), stating the underlying DUE TO	Try Dufiel.	
ATION	conditions, if any, which gove rise to immediate cause (e), stating the underlying cause lest.  (b) Suffer Regularity  (c)	Trested to the terminal disease of	PERFORM
5	Conditions, it any, which gover rise to immediate cause (e), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E)		PERFORM YES NO
5	Conditions, If any, which gove rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		PERFORM YES NO
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Marial ... 11/4/50 A Digition For Com. . Actingron, Virginia Repert A. Sumphrey Scribens. Hervisual and an an and a design necessary, please every. r to burial, crematian, TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delander the content of cate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your file TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar private the content of the content ar remaval.

VS. A15ME(5) 5M 9/55

MA	RYLAND ST.	ATE DEPARTMEN	NT OF HEALTH-	-BALTIMORE,
12717	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

Reg. Dist.	No.	4	2	7	5	6

18

a. COUNTY		2. USUAL RESIDENCE (Where decea		ince before admission)
Montgomery	MARYLAND	O. STATE MARULAL	P. COUNTY MONT	fonter
b. CITY OR TOWN (It outside corporate limits, we'te RURA), and give nearest town!	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ourside cor	porote limits, write RURAL and	give nearest tolvn)
TAKOMA PARK	2 hours	Silver S.	DRINGS d'	0
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	al, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
WAShington SouthReam & H	tospital	\$317 TAHON	A DR	YES NO M
3. NAME OF First	Middle	Last 4. DATE OF	Month	Day Year
(Type or print) LAWRENCE (	Christian	JUE DEATH	11 -	3 - 1960
100 01	MEVER MARRIED   8.	DATE OF BIRTH	9. AGE (In years IF UNDER Manths	TYEAR IF UNDER 24 HRS. Doys Hours Min.
MALE White WIDOWED	DIVORCED [	11-13-05	54 yrs.	Days Hoors Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	ID OF BUSINESS OR INDUST	11. BIRTHPLACE (Stote or foreign	country) 12. CITI	ZEN OF WHAT COUNTRY?
Auto Serv. Salesmon Hick	& Cheurolet	LOWA		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		OTH LIVE SEE
JAMES P. Juel		MARY? Johns	ON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. IN	FORMANT	Address	
yes INW 2	m	RS. EdNA C. Ju	vel 8317 Tr	AhonA Dr.
18. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	land been	and and One	-11 -T -1	ONSET AND DEATH
DUE TO	LUIAX TUMA	on ways of seed	water.	24
Conditions, if ony, which)	00 A 11-	0 1	1.00	2 7/2
gove rise to immediate cause	ace all	of man	yarex	
(o), stoting the underlying DUE TO				
PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	Nall 10 WAS ALITOPSY
OLIV OLIV OLIV OLIV OLIV OLIV OLIV OLIV		OT NEDTED TO THE TERMITACEDISEAS	E CONDINON ONEN IN TAK	PERFORMED?
20g. EXTERNAL CAUSE WAS 20b. DESCRIBE H	IOW INITION OCCUPATION	nter noture of injury in Part I or Part II	-6 i 10 v	YES NO
POOL EATERNAL CAUSE WAS	A A A	P A I	or Hem 18.)	
	JURY OCCURRED 200. PLAC	bullet work	Thur sp	ull
O Hour and While	_ Not while _ focto	E OF INJURY (Home, form, 20f. (Cityry, street, office bldg., etc.)	y or town) (Cou	inty) (State)
3: 0 p.m. //-3 1940 of work	at work	home se	un apring	Monty my
21. I certify that I took charge of the rer	mains described obov	re, held on Autopsy [], I	nspection . Inquir	y K, and find that
death resulted from: Natural couses,	Accident, Suic	ide 💢, Homicide 🔲, U	ndetermined couse	•
1 . A . A . A	1 1			DATE (ICHED
SIGNATURE SIGNATURE OF SIGNATURE	Lehal	M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED
EXAMINER'S IN A SILL TO PR	1	ASSISTANT MEDICAL EXAMINE	11-3-	6 .
NAME (Type) THE V. D.	Moschart	DEPUTY MEDICAL EXAMINER (	X //- 3	-00
22a. SURIAL, CREMATION, 22b. DATE THEREOF 22 REMOVAL (Specify)	c. NAME OF CEMETERY OR	CREMATORY 22d. LOCA	TION (City, tawn, ar county)	(State)
Burial Nov. 8 1960			ery Arlingto	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGIST	IRAR 24b. REGISTRAR'S SIG	SNATURE
Walter W. Deal Funeral	Home 4812	Ga. AV DATE NOV 1 4	'60 and s	Kenya

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		0.00	
			- Dealth
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### **CERTIFICATE OF DEATH**

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エルリルリ							Reg. Dis	t. No.		
1. PLACE OF DEATH Q. COUNTY Montgomery		MARYLAND				b. COUNTY	on: Residenc	e before	odmissio	on)
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	write c. LENGTI	H OF STAY IN 16	-	-		rote limits, write R	URAL and g	ive neare	st town)	ē
Bethesda	21	days	Was	hington				4	7×	( -
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION				EET ADDRESS				e.	IS RESID	
The Clinical Center,	Bethesda	14, Md.	120	9 M Stre	eet, N	·W·			YES 🗌	NO K
3. NAME OF First DECEASED		Middle		Lost	4. DATE OF	Mon	th	Day	Ye	ear
(Type or print) Vinn:		Dell		Karnes	DEATH		ember	26,		960
5. SEX 6. COLOR OR RACE 7.			B. DATE OF			9. AGE (In years lost birthdoy)			Hours	Min.
Female White W	IDOWED X	DIVORCED [	July			55 yrs.	In cirt	ZEN OF W	/// T.C.C	DI IA ITRA
during most of working life, even if retired)	100		SIRT II. BII			ountryj	12. C1112			JUNIKT
Rooming house owner	Hoste	TLY	14 MOTE	V LTE	ginia			Uei	5.A.	
			1000							
Jasper N. Benson  1s. was deceased ever in u. s. armed forces	S? 16. SOCIAL SE	CURITY NO.		y E. Wel The Medi		and Addi	ess			
Yes, no, or unknown)    If yes, give war or dates of service	579-48-					Bethesd		Mon	-7	3
1B. CAUSE OF DEATH [Enter only one couse			HE OTT	IIICar_Ce	enter	Decheso	و الله الا	Mary	VAL BET	
21221 2512111111 21111 21111			domo					ONSET	Hou	DEATH
MMEDIATE CAUSE (o)	acute rur	inonary Ex	16illa					6	nou	1.2
	Acute Cor	diovascul	lan Co	llance				11	Hour	me
gove rise to immediate	icuoc vai	alovasca	Lai oo	LLapso				- de-de-	22002	10
couse (o), stoting the under- lying couse lost.	? Septic	emia and	Pulmo	nary Ate	electa	sis Bila	teral	11	Hour	rs
PART II. OTHER SIGNIFICANT CONDIT								1(o) 19.	WAS AL	UTOPSY
Fost-operative (4 day	ys)totaln	pelvic ex	entera	tion an	d cons	truction	of il	eal		
		INJURY OCCURRE						p bla		
20c. TIME OF INJURY Month, Doy, Year Hour o. m.	20d. INJURY OCC	while fo		JRY (Home, form office bldg., etc.		or town)	(C	ounty)		(Stote
	ot work ot wo		0	/ A 37 -	1	0/ /0				
21. I certify that I attended the de										
alive an November 26,	19 60	and that death	accurred					date s		
ACTUAL CLOSE OF T	milla.	4.1	mho			reet, city or town,		/		SIGNE
SIGNATURE GROUGE T -	rucer	m.	M.D. Tile	T Local	ar cen	ter tes of H	-7+1	11/	26/6	<u>Q</u>
PHYSICIAN'S George F. Mil	ler Jr.			hesda 1			Balun			
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAM	AE OF CEMETERY O				ION (City, town,	1	1	(Stote)	y_
DUPIAL MECZ, 1	760				14	IDER		V	V . V	cr.
23. FUNERAL DIRECTOR'S SIGNATURE.	CO. 517		T. 5,E	2000 P	D BY REGIST	.30	STRAR'S SIG			

TO HOSPITAL ATTENDING PHYSICIAN: The taw requires more may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fined of the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Poges 1 and 2 shauld be filed with page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers.

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VS A15 (4) 15M 10/57

	MARYLAND	STATE	DEPARTMEN	T OF	HEALTH-BALTIMORE,	18
100	00	C	ERTIFICATI	OF	DEATH	

		12690		CERTIF	ICA	TE OF DEATH			Rog. Dist	. No.	2754	
1.	PLACE OF DEATH o. COUNTY	Montgomery		MARYL	UND	2. USUAL RESIDENCE (Who o. STATE  Marylan	. 1	If institution. COUNTY			admission)	
	RURAL and give Silver	Spring		c. LENGTH OF STAY IN Since 3/22/	0	c. CITY OR TOWN (If or				ive neare	est town)	
	OR INSTITUTION		1190			d. STREET ADDRESS	100	mangai	- )		ON A FARM	?
3.	NAME OF DECEASED	Fi		Middle		Lost	4. DATE	Mersel Mont	Mon		Yeor	N.
	(Type or print)	Flore	nce	Sulliv	ran	Karney	OF DEATH	XXXXX	KNAKK	WI	5 19 6	
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	0	DATE OF BIRTH	9. AG	E (In years birthdoy)			F UNDER 24 H	IRS.
	Female	White	WIDOW	DIVORCED		Aug. 21. 187	3 87	yrs.	Months I	Days	Hours Mir	١.
10c	. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote of	or foreign country)		12. CITI	ZEN OF	WHAT COUN	TRY
	House			900 are an eag 600		Detroit, M	lichigan		U.	S.A		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N						
		John Sull	kiva	n		Not k	nown					
15. (Ye	WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Addre	" Che	VV	Chasell	Id.
ľ	-No			None	M	r. Edwin Stoh	lman. Sr	. 483		ex .		
	18. CAUSE OF DE	ATH [Enter only one co	ouse per li	ine for (o), (b), and (c).]						INTER	VAL BETWEEN	
	PART I. DE	ATH WAS CAUSED BY:	.1	Arterios	- CT -	rotic heart d	isassa			ONSE	montiles	
-11	420	DUE TO								-		2
	Conditions, if	any, which ) (b		Generalized	ar	teriosclerosi	g. gewon	0		6	yrs.	
	gove rise to	immediate (	,	CONTOL CALLEDO	L Chile	061 100 6161 001	DC VCI	3		-	ATO	_
	cause (a), stating lying couse lost	ine under-	1							1110		
z		, 10	IDITIONS	CONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO THE TERMIN	VAL DISEASE CON	DITION GIVE	N IN PART	1(0) 19.	WAS AUTOP	SY
CERTIFICATION		None									PERFORMED?	
IFIC	20a. ACCIDENT W	AS UNDERLYING T	20b. DES	CRIBE HOW INJURY OCC	URRED	. (Enter nature of injury in Po	ort I or Port II of i	lem 18.)			ES [] NO	الم
CERT	OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)		None								
MEDICAL	20c. TIME OF INJU Hour o. m.	IRY Month, Day, Ye	ar 20d. I While	NJURY OCCURRED 2	De. PLA foci	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or tow	m)	(Ce	ounty)	(Sto	ite)
	21 Learlife		doces	ed from Asset "	16	19.51, to M		10 60	45 1 1			
В												
	ouve ou	OME DIDOL A	<u></u>	ond that a	earn	accurred at 12:45	DDRESS (Street, ci			e date	stated ab	
	ACTUAL SIGNATURE	Ser M	01	X RUN	2u		ome Apt		rarej		9/15/	13
	PHYSICIAN'S NAME (Type)	George De	ewey,	M.D.	I	1629 Colu			. Was	hing	ton 9	DC
220	BURIAL, CREMATION REMOVAL (Specify		of 60	22c. NAME OF CEMETI	Ció		22d. LOCATION (C			h /C	(Stote) HIGA	1/
23.	FUNERAL DIRECTOR	R'S SIGNATURE	78/	ADDRESS 2224	- 1/	240. REC'D	BY REGISTRAR NOV 18 60	24b. REGIST	RAR'S SIGI			-

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

~		~	MEGON		- WAS
CE	RTIFIC	ATE	OF	DE	ATH

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. Th	12821 CERTIFICATE OF DEATH
M	1. PLACE OF DEATH a. COUNTY  Montgomery  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY  Maryland  Montgomery  b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	Potomac (Rural)  d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
090	Ropine Nursing Home  4703 Chase Avenue
ath.	3. NAME OF DECEASED (Type or print) Katherine V Keim  4. DATE Month Day Year OF DEATH Nove. 26 1960
ifter de	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 18. DATE OF BIRTH  Female  White  WIDOWED DIVORCED DIVORCED June 19, 1868  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   M
hours	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Dress maker-ret  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?  US
	13. FATHER'S NAME  Charles Keim  Magdalene (Imknown)
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown)   (If yes, give wor or dates of service)
in any ev	No None Mrs. Peter Haley, Neice-same 2d  1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conclutions heart Lailens  2 days
ar remaval, and	Canditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last.  DUE TO  (b) A explestement heart duclare 2 mos 2 cause (a), stating the under-lying cause last.
crematian,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIO
ta burial,	County   C
alth prior	21. I certify that (1) (this haspital) attended the deceased from from 1946 to 1960, that (1) (we) last saw the deceased alive an 1971 60, and that death accurred at 2PM, from the causes and an the date stated above.
d of He	220. SIGNATURE    Comment   Comment
ate Board	NAME (Type) A. J. CONNOLLY-M.D. 1635 TRVING ST.N.W. P.C.
the State	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial  23c. NAME OF CEMETERY OR CREMATORY Washington, D. C.  23d. LOCATION (City, town, or county) Washington, D. C.
)	24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE NOV 2 9 60  NOV 2 9 60  ATTEMPT DATE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 by the housing or ottending physician TO HOSPITAL VR / 1SM 9/59

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Robert D. Fur Drey School Street Sand In

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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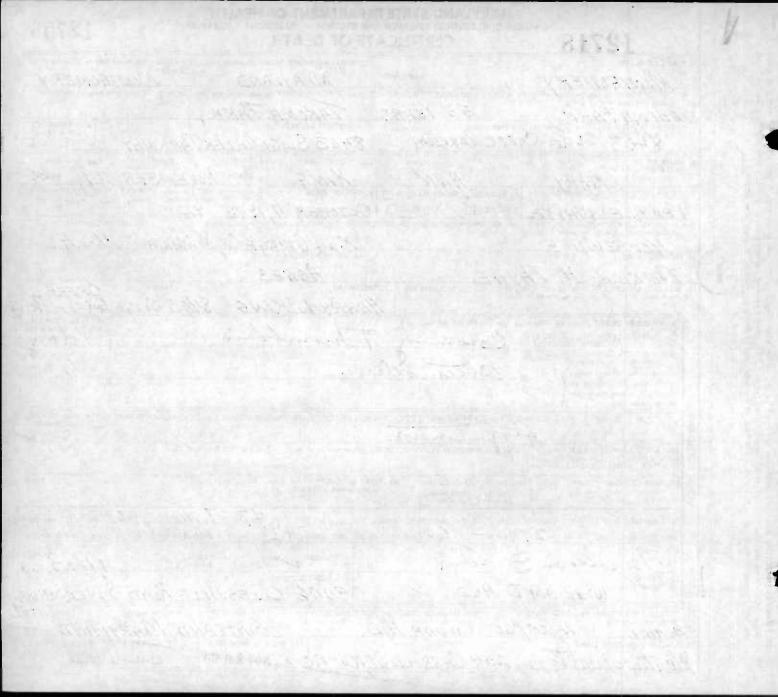
ter death. Page 4

O HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in Lyne funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 hours after death.

HOSPITAL	ay be reto	3 shoul
TO HC	TO FU	a
VR 15	A15 M 9/	(4) S9

a. COUNTY  MARYLA  MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY MONTGOMERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	N 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION SLIGHT CREEK PARKWAY	d. STREET ADDRESS  8403 SLIGO (REEK PARKWAY)  e. IS RESIDEN ON A FARY YES \( \) NO
NAME OF DECEASED (Type or print) MARY ANN	Last 4. DATE Manth Day Year OF DEATH NOVEMBER 27 196
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED VIVORCED DIVORCED	OCTOBER 11 1878 82 yrs. Months Days Hours M
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  3. FATHER'S NAME	INDUSTRY 11. BIRTHPLACE (Store or foreign country)  12. CITIZEN OF WHAT COUNTRY  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
PATRICIS H. TBYNE  S. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO.	AGNES Address CREEK
(If yes, give war or dates of service)	HARRY W. KING 8403 SLIGO PACEKT
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	The same formal interval Between ONSET AND DEA
Conditions, if any, which gove rise to immediate DUE TO	dervis ?
laine cause lost	
lying cause lost. (c)	IH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORME
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT  20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMET YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2	PERFORMET YES NO  CURRED. (Enter noture of injury in Part I or Port II of item 18.)  20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)  19 4 7.1a 27 76.00 (County) (Sometimes)
Solution   Solution	PERFORMET YES NO CURRED. (Enter noture of injury in Part I or Port II of item 18.)  20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)  12
Variable   Color   Color   Color	PERFORMET YES NO CURRED. (Enter noture of injury in Part I or Port II of item 18.)  20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)  19 4 7 1a 7 7 1a 7 7 1a 7 7 1b 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Variable   Color   Color     Variable   Col	PERFORMET YES NO CURRED. (Enter noture of injury in Part I or Port II of item 18.)  20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)  19. 4. 71a 27. 76c 2., 19.6., that (I) (we) that death accurred aff. M, fram the causes and an the date stated above M.D. ATTENDING MED. STAFF PHYS. DIRECTOR STAFF 22d. ADDRESS  4. 16. 2. 76. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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) [	PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resi	dence befare admission)
	b. CITY OR TOWN If autside corporate limits, write Ac. LENGTH OF STAY IN 16 RURAL and give nearest form)	c. CITY OR TOWN (If autside carporate limits, write RURAL a	nd give nearest town)
5-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS HOLL 4-13 Sh	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) ACS ALLE TO A.	4. DATE Month OF DEATH	10 Day Year 19 62
5.	6. COLOR OR RAGE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (h years lift UNI hand)  9. AGE (h years lift UNI hand)  9. AGE (h years lift UNI hand)  9. AGE (h years lift UNI hand)	DER I YEAR IF UNDER 24 HRS.  Days Haurs Min.
10	b. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (State for foreign country) 12.	Mercia Mercia
13.	Henry House	6 mma Collins	
		NFORMANT Address Address	
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	al hemorrhage	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which)  DUE TO  Hyper	tension	unknown
	gove rise to immediate couse (a), stating the under-lying cause last.  DUE TO  General	izal anterioselerosis	ukunour
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	FNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO F
L CERTIFI	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY/OCCURRE OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature af injury in Port I ar Port II af item 18.)	
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40. Pl While 50 work 50 to wor	ACE OF INJURY (Hame, farm, latery, street, affice bldg., etc.)	(County) (State)
	21. I certify that (I) (this-hospital), attended the deceased frame saw the deceased plive an Nov 10 1960, and that	$1-26-$ 1958 to Nov. 10, 19 death accurred at $9^{20}$ MM, from the causes and an	
1	220. SIGNATURE	M.D. PHYS. MED. STAFF PHYS.	11/10/60
	22c. PHYSICIAN'S NAME (Type) EINO MAGI, KI.D.	918 Guir. Blod. E. Silver	Grag hest.
23	b. Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Control 23c. NAME OF CEMETERY CONT	OR CREMATORY 23d. LOCATION (City, town, or could Churchyard Cem. Potomac. N	ty) (Stote)
24	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 14 St  Lenux Ce. 2901 14 St	250. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within by the haspital ar attending physician. TO HOSPITAL moy be retail

er death. Page 4

VR A15 (4) 1SM 9/59

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## CERTIFICATE OF DEATH

12758 Reg. Dist. No.

_												
1.	PLACE OF DEATH a. COUNTY MO	ontgomery		MAR	YLAND 2	usual residence (Who. STATE Mar	yland	l lived. If institut b. COUNTY			mer	
į	b. CITY OR TOWN RURAL and give Chevy		ts, write	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN (If a	vy Ch		RURAL and	give ne	arest tawr	1)
	OR INSTITUTION	MAL (If not in hospitol, go Cumberlan				d. STREET ADDRESS	umber	land Av	enue	2		FARM?
3.	NAME OF DECEASED (Type or print)	TATI	ANA	Middl <b>V</b>	K	USHNAREFF	4. DATE OF DEATH	No	V.	9	,	Year 19 <i>60</i>
	sex <b>Female</b>	6. COLOR OR RACE White	7. MARI	RIED NEVER MARR		2/6/1881		9. AGE (In years last birthday) 79 yrs.	Manths 9	Days	Haurs	R 24 HRS. Min.
	USUAL OCCUPAT during most of wo Housew FATHER'S NAME	irking life, even if retired	dane 10b.	KIND OF BUSINESS		Rus  4. MOTHER'S MAIDEN N	sia	iuntry)	12.CI	TATE	ELES	S COUNTRY?
13.		1 (11	nlene	(	600							
15.	Vassi WAS DECEASED EV	ER IN U. S. ARMED FOR	nkno		O. INFO	PRMANT	nown	Ado	Iress			
(Ye	No No	(If yes, give war or dates of s	ervice)	none	Kat	herine Kr	vnits	kv-daus	hte	r-sa	ame .	2d
	Conditions, if gove rise to cause (a), stating lying couse last	immediate g the <u>under</u> . DUE TO	)	Brench SUBan Generalu	schn zel O	Pheu 1770 wit Hemo Othis St	2	sis -		2	5 d	pr.
FICATION		oster and	hie	tio me	vere -			CONDITION GI	VEN IN PA	(RT 1(a)		RMED?
CERTIFI	OR CONTRIBUTING	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DES	CKIRE HOW INJURY	OCCURRED. (	Enter nature of injury in	ran I ar ron	It ar item 16.)				
MEDICAL	20c. TIME OF INJU Havr a. m. p. m.	10	ar 20d. I While of wo			OF INJURY (Home, form y, street, affice bldg., etc		ar town)		(Caunty)		(Stote)
	21. I certify to alive an actual signature Physician's NAME (Type)	John G.		3all	NOV t death a	, 1960, to 9 coursed at 5 A	M, fram		nd an th		e stated	
22	BURIAL, CREMATI REMOVAL (Specify Burial	22b. DATE THEREC		Rock C		REMATORY Cemetery		Shingto			(Stat	le)
23.	FUNERAL DIRECTO			ADDRESS	LECK		D BY REGIST	RAR 24b. REG	ISTRAR'S	GNATU		
	Robert A	. Pumphre	y I	Bethesda,	Mary	land DATE	10V 1 4'	60	Irthur	S. 1/2	aud	

death. Page 4 the registrar prior to buriol, cremotian, or removol, and in ony event within 72 haurs after death. ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retain. Sy the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 TO HOSPITAL VS A1S (4) 1SM 9/5B

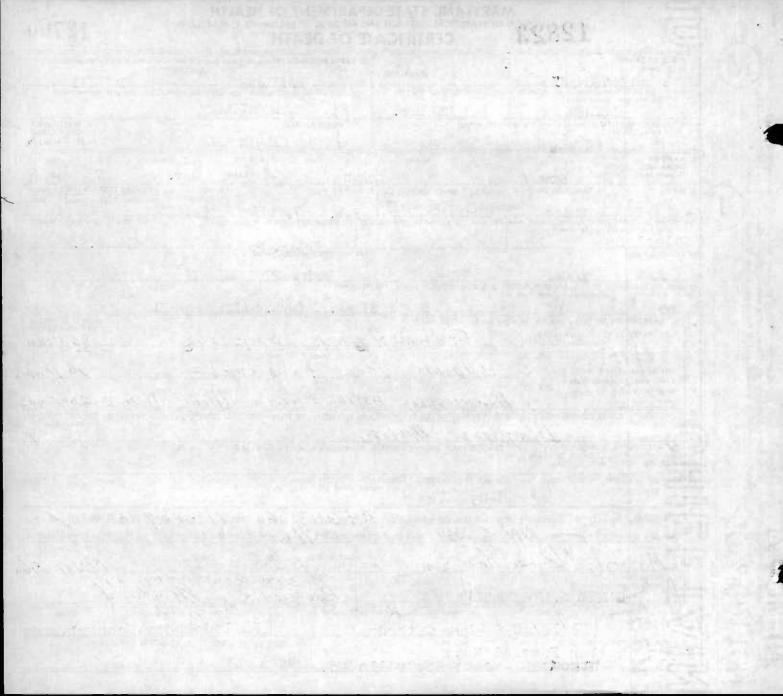
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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 2	may be retained by the haspital or ottending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and a should be filled to be fil	1
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1. Pl	ACE OF DEATH COUNTY	COMERY	MARYLAND	2. USUAL RESID	MARYI		l lived. If institution b. COUNTY	MONTO	before adn	nission)
b.		outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR T			rote limits, write R	URAL ond gi	ve nearest to	own)
	N/A 411	THESDA	20 hrs.		RO	CKVIL	LE			
d.	NAME OF HOSPITA	L (If nat in hospital, give street	address)	d. STREET A	DDRESS				e. IS I	RESIDENCE
		SUBURBAN		3	00 CAL	VIN L	ANE		YES	□ NO 🔼
D	AME OF CEASED	First	Middle	Los	t	4. DATE OF	Man	th	Day	Year 60
	ype or print)	Emma A		ogan		DEATH	9. AGE (In years	IE HAIDED 1	VEAD IE IIA	19 OU DER 24 HRS.
S. SE	Female	6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH	n ~ 3.0	100	lost birthdoy)		Days Hou	
100	ing .	WINTTO	KIND OF BUSINESS OR INDU	STRY 11 RIRTHPI	ACE (State o	5'7/	00	12. CITIZ	EN OF WHA	T COUNTRY?
_	during most of working	ng life, even if retired)	KIND OF BUSINESS OK INDU	JIKI II. BIKIIIIE	ACE (31010 0	, orongin oo	,,,,,		77. 6	A
S:	ATHER'S NAME			14. MOTHER'S	MAIDEN	Pa AME			U.S.	Λ
		70010				1 1/2	TOTAL TOTAL			
15. V	AS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	RGARET		ENNEY	ress		
	no, or unknown) (II	yes, give wor or dates of service)		NITEGE	luma	> CATORD	T IN TOTAL TO	1		
1	NO CALISE OF DEAT	H [Enter only one couse per li		NIECE.	(MRS.	MART	TA BURKE	1	INTERVAL	BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	0.1	1 4 00 1	+	un	111-		ONSET AL	ND DEATH
	411.	IMMEDIATE CAUSE (o)	PULMON	B-124		MIDC	1245		- 56	House
	Conditions if	DUE TO	11/n. 11	dor 1	D. 1 6	100 k	1-		16	11000
-	Conditions, if on gove rise to im	mediate	1/1/0/1/	COR 7	un	101	7-1-		1	Ac 1905
	cause (o), stoting the lying cause lost.	ne under- DUE TO	IMPRIENSIVE F	Anterio s	Unnet	10	Homo T	Duspa	F OB	VOAS
Z		R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT				CONDITION GIV	EN IN PART	1(a) 19. W/	S AUTOPSY
ATIC		Diagre	to Mali	tres					YES	REORMED?
OK I	20g. ACCIDENT WAS DR CONTRIBUTING IF EITHER, NOTIFY A	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture o	of injury in Po	ort I or Port	I II of item 1B.)			
	Oc. TIME OF INJURY	Month, Doy, Year 20d. I	NJURY OCCURRED 20e. Pt	ACE OF INJURY	Home, farm,	20f. (City	or town)	(Co	ounty)	(State)
MEDICAL	Haur o.m.	While of wo	NOT WITTE	ctory, street, office	a bldg., etc.)					
				actolon	121 206	0 1-	November	17106	O th mt //	) We last
		11-	ded the deceased fram.		11 -			/		/
	saw the decease	ed alive on /YOV.	61960 , and that	death accurred	9904015	M, fram	the causes ar	a an the	date stat	22b. DATE
	(dinih	1 IV agen	less on	M.D. PHYS.	G MEI	D. ECTOR	STAFF PHYS.		Am,	SIGNED
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	22 PHYSICIAN'S		1	22d. ADDRI	ESS 3/17	0-110	192 July		1161	
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23a.	MAME (Type) GOE		RG R. 23c. NAME OF CEMETERY C	Ros	CKVI,	110	TION (City, towns	or county)	4	Stote)
23a. Bi	MAME (Type)			R CREMATORY	CKVI,	110	TION (City, towns	or county) ia . Pe	1	Stote)
Bu	MAME (Type)  GOT  BURIAL, CREMATION REMOVAL (Specify)  UNERAL DIRECTOR'S	11/12/60	RGOR  23c. NAME OF CEMETERY C  New Cathed  Address  Home	R CREMATORY	ckri,	//e	ION (City, towns, adelph:		nnsyl	



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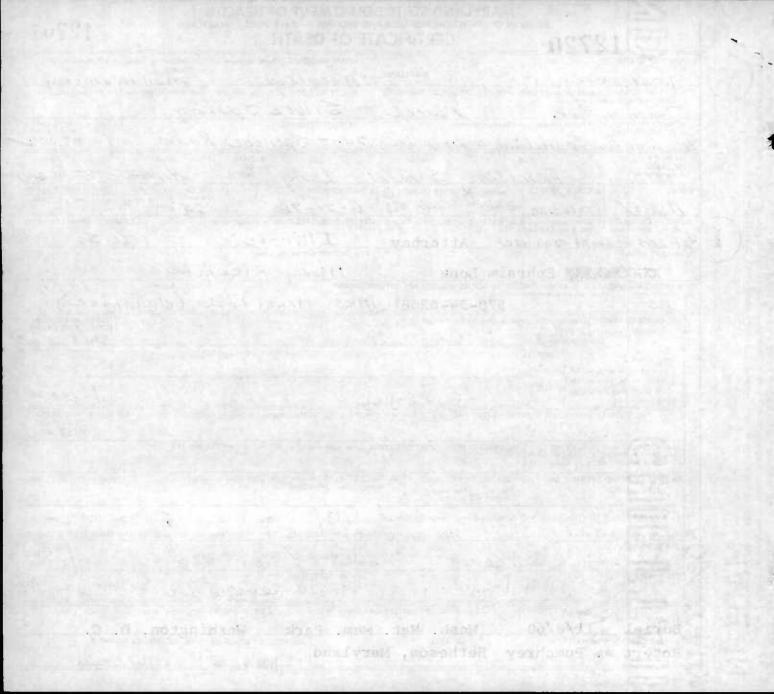
PLACE OF DEATH G. COUNTY MARYLAND		
	USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE	ce befare admission)
Montgomery	manual 1	omery
b. CITY OR TOWN (If autside of porate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and g	ive nearest tawn)
Takoma Park I week	Dilver Spring	
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Washington Janitarium & Hospital	2407 Spencer Road	YES NO Z
NAME OF First Middle DECEASED (Type or print) FRANKLI'N Samue	Lost 4. DATE Month OF DEATH Novimber	Day Year U 5 1960
SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER	YEAR IF UNDER 24 HRS
male Caucasian WIDOWED DIVORCED	6-21-76 84 yrs.	Days Haurs Min.
Da. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDL a during mast af warking life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY
Setired - patent examinee Attorney		1.5,
	Mary Kirkham	
5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, I	INFORMANT Address	
Yes, no. or unknown) (If yes, give war ar dates of service)		
<i>no</i> 578-34-6268	MRS. Hazel Roth (daug)	hter)
1B. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
DUE TO  Conditions, if any, which gave rise to immediate course of the part of		
lying cause last.    Co	ie	1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
		YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature af injury in Part I ar Part II af item 18.)	
Haur a.m. While Nat while fo	PLACE OF INJURY (Hame, farm, 20f. (City or town) (Cactary, street, affice bldg., etc.)	aunty) (State
p. m. 19 at wark at wark		
21. I certify that (I) (this hospital) attended the deceased fram.	7/13/ 1960 . 10 11/5 , 196	zi, that (1) (we) loss
21. I certify that (1) (this hospital) attended the deceased fram.	1 - 1	
21. I certify that (1) (this hospital) attended the deceased fram.	deoth accurred of COMM, from the causes and on the	dote stoted above
21. I certify that (I) (this hospital) attended the deceased fram. saw the deceased alive on 11 4 1960, and that 22a. SIGNATURE	deoth accurred of MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS.	dote stated above
21. I certify that (1) (this hospital) attended the deceased fram. saw the deceased alive on 11/4 1964, and that	deoth accurred of COMM, from the causes and on the	dote stated above
21. I certify that (1) (this hospital) attended the deceased fram. saw the deceased alive on 11/4 1964, and that a 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type) Do nald Nelson  3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	deoth accurred of COMM, from the causes and on the  M.D. PHYS.   22d. ADDRESS  10620 Georgea ave Silver	dote stated above
21. I certify that (I) (this hospital) attended the deceased fram, saw the deceased alive on	M.D. ATTENDING MED. DIRECTOR PHYS. 22d. ADDRESS 10620 Geogra ave STAFF  OR CREMATORY 23d. LOCATION (City, town, or caunly)	dote stoted above
21. I certify that (1) (this hospital) attended the deceased fram. saw the deceased alive on 11/4 1964, and that a 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type) Do nald Nelson  3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	deoth accurred of COMM, from the causes and on the  M.D. PHYS.   22d. ADDRESS  10620 Georgea ave Silve	dote stoted above

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Extre funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, ar removal, and in any event, within 22-bears after death. VR A15 (4) 15M 9/59

R ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hou

TO HOSPITA

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be related by the haspital or attending physician.

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1	Is .	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in	5 (4	1)	
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1. PLACE OF DEATH  o. COUNTY  Montgomery  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence o. STATE b. COUNTY  Maryland Mont	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	gomery e nearest town)
Bethesda	Bethesda	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Maple Ridge Road	J 7801 Maple Ridge Road	e. IS RESIDENCE ON A FARM? YES NO ST
•		
3. NAME OF First Middle DECEASED (Type or print) RINGER H	Looker 4. DATE Month OF DEATH November	21 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1)	YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED		23 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZI	EN OF WHAT COUNTRY?
during most of working life, even if retired) Housewife	- Illinois U	SA .
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John L. Houchen	Amanda Richards	
	INFORMANT Address	
No (If yes, give wor or dotes of service)	R. B. Looker-husband-same 2d	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	0 1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Memora Kage	ONSET AND DEATH
IMMEDIATE CAUSE (o)	- 1211000	1 mous
DUE TO		
Conditions, if ony, which ) (b)		
gove rise to immediate ( DUE TO		
Luice cours lost		
	UT NOT RELATED TO THE TERMINAL DISEASE/CONDITION GIVEN IN PART 1	/al 10 WAS AUTOPSY
3 arterioselerotic card	Lovas when disease	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS GONTRIBUTING TO DEATH BY  OF CONTRIBUTING CAUSE  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (Cou	unty) (Stote)
Hour o. m. While Not while	factory, street, office bldg., etc.)	(0.0.0,
p. m. 19 of work of work		
21. I certify that I attended the deceased from Lat	-7 , 1960 , to NOW 2 , 1965 , that I la	st saw the deceased
alive an Naca 20 19 (8) and that dea	th occurred at 839 A.M. from the couses and on the	مامام معملات المعادة
dive difference of the state of	ADDRESS (Street, city or town, stote)	DATE SIGNED
ACTUAL Mange Ilano		
SIGNATURE.	M.D. 10511 Summit Ave., Kensington	. Nd. 11/21
NI		6
PHYSICIAN'S GEORGE J'hanne	1·D.	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
REMOVAL (Specify)		
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		ginia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D AX REGISTRAR 246. REGISTRAR'S SIGN	
Robert A. Pumphrey Bethesda,	Maryland NUV 23 00 Citing a	. Flrand

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may be retailed by the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b	page 3 shauld be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72-hours after death.	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

TO HOSPITAL

VR A15 (4) 15M 9/S9

	DIVORCED   DIVORCED			
D. COUNTY  MONTE OME TY  B. CITY OR TOWN (If owhide corporals limit, write RURAL ond give nearest town)  Takoma Park  J. MARK OF HOSPITAL (In oil in hospitol, give street address)  Washington Sanitarium  J. Middle  J. DATE DATE  J. DATE	and give nearest town)			
B. CITY OR TOWN I (If outside corporate limits, write and one provided limits, write and provided corporate limits, write and provided limits, write and and provided limits, write and	A / ) // ON A FARM?			
	DECEASED		OF	1.
	male 74/2	_ 1 10-	10GA lost birthdoy) Moni	
1		INESS OR INDUSTRY 11. BIRTHPLACE (SI	tote or fareign country) 12	CITIZEN OF WHAT COUNTRY
-	13. FATHER'S NAME LOVE/ESS	14. MOTHER'S MAIDE	EN NAME	
	(Yes, no. or unknown) (If yes, give war or dates of service) YES.	Alaca K	leokel. Address	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	tral there	mboris	
	Conditions, if any, which gove rise to immediate DUE TO	mal atten	relevoris	10ty
	lying cause last. (c)	G TO DEATH BUT NOT RELATED TO THE TI	ERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
	THE CATE			PERFORMED?
	OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	VIOLET OCCURRED. (Enter noture of injury	y in Port   or Port    or Hell 16.)	
	20c. TIME OF INJURY Month, Day, Year Not	foctory, street, office bldg.,	farm, , etc.)	(County) (State
	MA tichwin	M.D. ATTENDING	MED. STAFF M	V5 6 CHENE
	ALALAP IV		estern Ave, Chevy	Chase, Md.
	REMOVAL (Specify).			
1	24. FUNERAL DIRECTOR'S SIGNATURE J ADDRESS		REC'D BY REGISTRAR 2Sb. REGISTRAR	'S SIGNATURE
-				The state of the s

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### 12691

	PLACE OF DEATH	nt gome ry		MARYLA		a. STATE	ENCE (Whe	ere deceased	lived. If institut b. COUNT		befare adm	ission)
	b. CITY OR TOWN (If RURAL and give ne Silver	outside carporate limi	its, write c.	LENGTH OF STAY IN	116		own (If ou		D.C.	RURAL and giv	re nearest to	Wn)
1	d. NAME OF HOSPITA OR INSTITUTION Marile a I	Tursing H	Tesvi ome	The Road		d. STREET AL		scons	in Ave	., N.W.	ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Lo	uise	Middle E	MacD	onald		4. DATE OF DEATH	Mo	inth	Day	Year 19 6 0
S. 1	female	6. COLOR OR RACE white	7. MARRIED	NEVER MARRIED  DIVORCED	8.6	arch			AGE (In years last birthday) 74 yrs	Manths D	YEAR IF UN lays Haur	IDER 24 HRS.
10a	during most of werk	N (Give kind af warking life, even if retired	dane 10b. KIN	ND OF BUSINESS OR	INDUSTR			ticut	intry)		U.S.A	COUNTRY?
13.	FATHER'S NAME	le el la el		Alberta Control		14. MOTHER'S	MAIDEN N	AME				
	Alfred H	Edwar ds	13000						Bark	er		
{Ye		IN U. S. ARMED FOR If yes, give war or dates of s			17. INFO	RMANT S Rup	ert -	2227 Wash	Wisco	n.D.C.	Ave.	, N. W.
	PART I. DEA			far (a), (b), and (c).]	- 0	Co.	er	25	Detio	10	INTERVAL ONSET AN	
	gave rise to in cause (a), stating t lying cause last.			Tone	00	منو	مر	lin	ince	Down	3	een
CATION	PART II. OTH	ER SIGNIFICANT CON	IDITIONS CON	NTRIBUTING TO DEAT	H BUT, NC	RELATED TO	THE TERMIN	NAL DISEASE	CONDITION G	DEN IN PART	PER	S AUTOPSY FORMED?
L CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCC	CURRED. (	Enter nature at	injury in P	art I ar Part I	II af item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	/ Manth, Day, Ye	While _	URY OCCURRED 21 Nat while at wark		OF INJURY (H y, street, office			ar tawn)	(Co	unty)	(State)
				the deceased fr								) (we) last ed above.
	22a. SIGNATURE	as.	11	-per	M.C	ATTENDING	110.0	D. RECTOR	STAFF PHYS.			22b. DATE SIGNED
c	22c. PHYSICIAN'S MAME (Type)	John S.Ro	ogers			22d. ADDRE	55 /9	19-	De	un o	050	ed o
230	BURIAL, CREMATIO	11/12/		23c. NAME OF CEMET		REMATORY emeter		23d. LOCATIO	ON (City, town,	ges C		y, Md.
mo.	FUNERAL DIRECTOR	signature ines Co	2901 Washi	14th St.	D.C	N.		BY REGISTR	0	SISTRAR'S SIGN		

TO HOSPITATOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be recorded by the hospital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in y, the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board at Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

· · O. S. C. St. Branch St. B. C. S. C.  DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

12766

12825 **CERTIFICATE OF DEATH** 

_											
	LACE OF DEATH COUNTY MONTGOM	ERY		MARYLAND	2. USUAL I	MARYLAND	re deceased lived	If institution, COUNTY	n: Residence	before admis	ssian)
b	RURAL and give ne	outside carporate limi arest tawn)	ts, write c.	LENGTH OF STAY IN 16	c. CITY	OR TOWN (If ou	tside carporote lir	nits, write R	URAL and giv	e nearest tow	m)
_	ULNEY	AL (If not in hospital, g		6 HOURS	0 1	GAITHER	SBURG			10.00	SIDENCE
	OR INSTITUTION				d. SIKE	ET ADDRESS				ON	A FARM?
		ERY GENERAL	HOSPI	TAL		416 EAS	T DIAMON	ID AVE	NUE	YES L	] NO X
	PAME OF DECEASED Type or print)	MAINHA		Middle NELLIE		Last	4. DATE OF DEATH	Man No v	EMBER	Day	Year 19 60
S. S	EX			NEVER MARRIED	B. DATE OF	BIRTH 1887	9. AG	E (In years		YEAR IF UND	ER 24 HRS.
F	EMALE	WHITE	WIDOWED		10/1	5/1/9/6/8	13 -	birthday) yrs.	Months D	ays Haurs	Min.
	USUAL OCCUPATIO	N (Give kind of work	done 10b. KINI	D OF BUSINESS OR IND	USTRY 11. BIR	THPLACE (Stote o	r foreign country)	MS I	12.CITIZE	N OF WHAT	COUNTRY?
	Housewil	ing life, even if retired				W. VA.			U.	S. A.	
13. F	ATHER'S NAME				14. MOTH	ER'S MAIDEN NA	ME				
	BANDOL	PH J. STUP				MAF	RY ELIZA	BETH F	LYNN		
15. \ (Yes	WAS DECEASED EVER	R IN U. S. ARMED FOR			INFORMANT			Addi	ess	11-16	175
	no	The first of the f		none	HOSPIT	AL RECOP	ens, Or	LNEY,	MARYLA	ND	15/10
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	1	or (o). (b), and (c).]		Sensi	n/H/h	GE		INTERVAL B	
	Canditions, if a		100	102W Se	Lens	H				267	521860
	gave rise to it				//					7616	
7	lying cause last.	) (c	)_BR	TIKIBL	HII	ERTO	15/11/			ye	DR S
FICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CON	Sen. L	T NOP RELATE	D TO THE TERMIN	IAL DISEASE CON	DITION GIV	'EN IN PART 1	PERF	ORMED?
E L	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCCURR	ED. (Enter natu	ere of injury in Po	ort I ar Part II af	item 1B.)	N. Att	STE	
	20c. TIME OF INJUR Hour o. m. p. m.		20d. INJUR While of wark	Nat whilef		RY (Hame, farm, affice bldg., etc.)	20f. (City or tov	vn)	(Ca	unty)	(Stote)
	21. I certify that saw the decease 220. SIGNATURE	11.	) attended	the deceased fram		19/2 19/2 rred 01/2 /	M, fram the c	auses an	W		d above.
	22c. PHYSICIANS	double	Benle	eyer	M.D. ATTEN PHYS. 22d. Al	DIR	ECTOR PH	YS.		vo.	SIGNED
	MAME (Type)	ON S. ROSE	NBERGER	M. D.		ROCKVIL	LE, MD.				
23a.	BURIAL, CREMATIO	Nov. 14	1960 23	Forest Oal		Y	23d. LOCATION (			md.	ote)
7	FAMILE DIRECTOR	L. Barl	er	Laytonsvil	Le, Md.	250. REC'D DATE	BY REGISTRAR	25b. REGI	STRAR'S SIGN	NATURE	

NOV 1 5 '60

in ...y the funeral director, and 2 shauld be filed with TO HOSPITALOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h may be researched by the haspital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 of the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haury after depth. VR A15 (4) 1SM 9/S9

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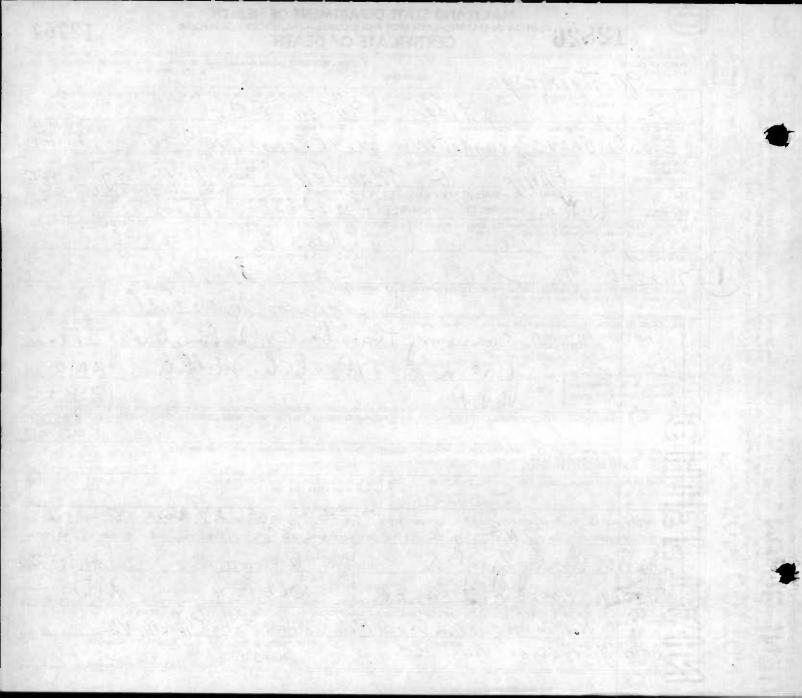
MARYLAND STATE DEPARTMENT OF HEALTH 12896 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2767

	CERTIFICATE OF DEATH	
b. COUNTY  b. CITY OR TOWN If Duisje corporate limits, write RURA  RURAL and give necessed law)  c. CITY OR TOWN (If outside corporate limits, write RURA  RURAL and give necessed law)  d. NAME OF HOSPIEL (If not in hospital, give street address)  c. CITY OR TOWN (If outside corporate limits, write RURA  d. NAME OF HOSPIEL (If not in hospital, give street address)  c. CITY OR TOWN (If outside corporate limits, write RURA  d. STREET ADDRESS  d. STREET ADDRESS  3. NAME OF PITY  CONTROLLING  If yee or print)  5. SEX  6. COLOR OR RACE IV. MARRIED NEVER MARRIED  100. USUAL OCCUPATION (Give kind of work done)  101. SATHER'S NAME  114. MOTHER'S MAIDEN NAME  115. WAS DECEASEDEVER IN U. S. ARMED FORCES? It is. SOCIAL SECURITY NO.  117. INFORMANT  118. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  (If yes, give were or doins of service)  DUE TO  Conditions, if ony, which gove rise to immediate  Couse (c), stoling the under.  (c) B. H  100. USUAL OCCUPATION (Give kind of work done)  (b) JULY OCCURRED  (c) B. H  119. CAUSE OF DEATH  (Enter only one couse per line for (a), (b), and (c).]  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN  101. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN  102. CONTRIBUTING CAUSE (b)  103. CACIDENT WAS UNDERLYING COURRED  While Not while of work contributions of factory, street, office bidg., etc.]  104. CONTRIBUTING CAUSE (b)  105. CONTRIBUTING CAUSE (c)  106. CONTRIBUTING CAUSE (c)  107. CONTRIBUTING CAUSE (c)  108. CACIDENT WAS UNDERLYING COURRED  While Not while of work contributions of factory, street, office bidg., etc.]  109. CONTRIBUTING CAUSE (c)  109. CONTRIBUTING CAUSE (c)  109. CONTR	dence before admission)	
	RURAL and give nearest town) 9 md Wash D.C.	47 X-
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Brooke Grove foundation 4543 Com Cive 91.90.	e. IS RESIDENCE ON A FARM? YES NO
PLACE OF DEATH	27 1960	
1. PLACE OF DEATH 1. O. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) 2. STATE 5. COUNTY 5. COUNTY 6. COUNTY 6. COUNTY 6. COUNTY 6. COUNTY 7. STATE 6. COUNTY 7. STATE 6. COUNTY 7. STATE 6. COUNTY 7. STATE 6. COUNTY 8. STREET ADDRESS 8. COUNTY 8. STREET ADDRESS 9. ACE (In years   EUNOPHIC) 1. STATE 1. OATE 1. O		
	during most of working life, even if retired)  Dnu 49164	94. 5
1	moses mandell Bella Spigel	
/		)
	PART I. DEATH WAS CAUSED BY:  MMMEDIATE CAUSE (a) Curarvey Threnberry = Infortar  DUE TO  DUE TO	ONSET AND DEATH
	gove rise to immediate couse (a), stating the under.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work at work at work at work at work at work.	(County) (State
	Juliu Cooley Zwall M.D. ATTENDING MED. STAFF PHYS.	226. DATE SIGNE NOV. 27/196
1	MAME (Type) BOSLEY DIEOLER OLNEY	MD
	Burial Nov. 29,1960 King David Mem. Garden Falls Church,	Va.
D. COUNTY		

may be revoired by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 sithe State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours offer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL VR A1S (4) 1SM 9/59



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12	827	CERTIFICA	IE OF DEA	Н				(b) (l) (c)
1. PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased			ce before	admission)
	tgomery	MARYLAND	o. STATE Maryle	and	b. county	tgomer	v	
b. CITY OR TOWN (If RURAL and give ne	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpor	ote limits, write R	RURAL ond g	ive neare	st town)
Bethesda (	1	4 Days	45 Bethese	la. Marv]	land			
	AL (If nat in haspital, give stre	et address)	d. STREET ADDRES					IS RESIDENCE ON A FARM?
	al Hospital			oneham Ro	-			YES NO X
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF DEATH	Mor		Day	Year
(Type or print)	Ralph Slat	ter Manganaro			Novem		12	17 00
S. SEX		RRIED NEVER MARRIED	B. DATE OF BIRTH		<ol><li>AGE (In years lost birthdoy)</li></ol>			Hours Min.
Male	Caucasian WIDO		5-14-54		6 yrs.	5	24	
during most of work	N (Give kind of work done 10 ing life, even if retired)	b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (S	itote or foreign co	untry)	12.CITI	ZENOFW	HAT COUNTRY
	_			sachuset	its		USA	
13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME				
Francis F	erdinand Manga	anaro	Carol A	nne Slate	er			
	IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. IN	FORMANT		630	5"Stor	neham	Road
No	ir yes, give wor or outes or service;	None Fr	ancis F. M	anganaro	(F) Bet	hesda,	Mar	vland
18. CAUSE OF DEA	TH [Enter only one couse per	line for (o), (b), and (c), ]						VAL BETWEEN
	TH WAS CAUSED BY: TO	somotor & respin	retory coll	ance			ONSET	AND DEATH
030	IMMEDIATE CAUSE (0)	pomotor a respir	acory corr	apac			+	
22/	DUE TO	ellenetine bunda					100	
Conditions, if dr	nmediate (	filtrative brain	tumor				+	
couse (o), stoting t								
lying couse lost.	) (c)							
PART II. OTH	er significant condition	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE	CONDITION GIV	VEN IN PART		WAS AUTOPSY PERFORMED?
PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING (1) 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED	). (Enter noture of injur	y in Port I or Port	II of item 18.)			
TOOL TIME OF INJUR	Month, Doy, Year 20d	. INJURY OCCURRED 20e. PL	CE OF INJURY (Home,	form, 20f. (City	or town)	(0	County)	(Stote
Y 20c. TIME OF INJURY	19 Whi	le Not while foo	tory, street, office bldg.	, etc.)				
			33.0	10	17 70	11		40
		nded the deceased fram		19_60, ta_				(#) (we) las
	ed alive an 11-12	19.60, and that d	eath accurred at	5.LOA Mram	the causes ar	nd an the	date s	
220. SIGNATURE	1.B.	1	ATTENDING _	MED.	STAFF			22b. DATE SIGNEL
0	1 Della	ulle !	M.D. PHYS.	DIRECTOR -	PHYS.			11-12-6
22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS					
C. W.	BRAMLETT, LT	MC USN	U, S.	Naval Ho	spital,	Bethe	sda,	Md.
230. BURIAL, CREMATION	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY O			ION (City, town,	or county)		(State)
REMOVAL (Specify)	11-15-60	Arlington N	Mational	Ar	lington		Virg	ginia
	SIGNATURE	ADDRESS						

the attending physicion and completely filled. Then please remave carbon papers. Pages 1 and in any event, with in Therans after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 may be read by the haspital or attending physician. page 3 should be detached for use as the burial-transit permit. Then please remove a the State Board of Health prior to burial, cremation, or removal, and in any event with TO HOSPIT

ofter death. Page 4

in the funeral direction ond 2 should be filed

VR A15 (4) ISM 9/59

HEARD BY STATISTICS TERS. Triansland Southern Trintigal me A Date Control of the Control of the Control Color Indiana (2014) (1914) the state of the s firefyend about the Colorest and the found in adought AND ALL O CONTRACTOR OF THE SERVICE The state of the s . H. Caraller C. Lier Cont. o. Part C. a. Part C. C. Caraller C. C Annotable and the state of the Company of the second of the s

## FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute it rificote, writing the word "pending" in penal in flem, 18. Give Pages 1, 2, and 3 to the fund. Circtor. Page 3 should be word "benefit and penal in flem, 18. Give Pages 1, 2, and 3 to the fund. Circtor. Page 4 should be word to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain. Or your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any expert within 72 hours after death.

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		7	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	
execute it rifficate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the fund. director	15	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of		
M :	2/5	7		

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1282 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

4	0	1	0	0	
1	6	12	U	19	

1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
MARYLAND MARYLAND	O. STATE MARYLDAD 6. COUNTY MONTGOMERY
b. CITY OR TOWN (If outside corporate limits, write RUTAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If parside corporate limits, write RURAL and gire hearest town)
BethesnA DOA	BETHESDA 48
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS   o. IS RESIDENCE
Suburban Hospital	6811 FAIRFAX R) ON A FARMY
3. NAME OF DECEASED First Middle	Lost 4. DATE Month Doy Yeor
(Type or print) FARLE NOLLINS N	PARDEN DEATH NOV. 29 1960
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  BIVORCED  DIVORCED	DATE OF BIRTH  9. AGE (In years lost birthday)  Months Days Hours Min.
	TRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY:
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RUE NOW HAMPShire 115
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES MARDEN	GRADE ROLLINS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates of service)	elma L. Marden same as #2
18/CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY.	ONSET AND DEATH
IMMEDIATE CAUSE (0) Conory	reclusion Sudde
720 DUE TO	
Conditions, if any, which gove rise to immediate couse	
(a), stating the underlying DUE TO	
couse lost. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
	YES NO NO
₩ [PRIMARY L] or CONTRIBUTING L]	inter nature of injury in Part I or Part II of item 18.)
CAUSE OF DEATH.	
NO	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, affice bldg., etc.)
Hour g. m. 19 While Not while of work 19 of work 19	
21. I certify that I took charge of the remains described about	ve, held on Autopsy , Inspection , Inquiry , and in my
opinion deoth resulted from: Notural couses Accident	
1	
SIGNATURE Thouse O - Browhach	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
SIGNATURE PRINCES	
EXAMINER'S FLANK J. Bruseha,	ASSISTANT MEDICAL EXAMINER   11- 29-60
270. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (State)
burial 12/2/60 Arlington	National Cem. Ft. Myer. Va.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
14 thurs Co. 2901 140	DATEDEC 1 '60 arthur & House

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# FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH	
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND "	71
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7 12723 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1
10 ( ) MEDICAL EXAMINER'S CERTIFICATE OF DEATH	

FAITH DEPT	=	PLACE OF DEATH		
20 -	1.	e. COUNTY/	2. USUAL RESIDENCE (Where decaased lived, If institution, Re	esidence before admission)
S S S		1/10/1/60000	aystate b. county (	C+186 40
SCEP A	1	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits write RURAL end	3 Caro es
25 2 7	Л	write RURAL and give nearest lown)	C. CITT OK TOWN (II outside corporate limits write KOKAL end	give nearest town)
E D OP		LAKOMA KORK W.O.A	1 AKOM PORY	16 53-4
o o o	e h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	I e. IS RESIDENCE
2 2 8 6	4/1	120/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	1110/100/100/100	ON A FARM?
P 5 6 5 4	VL	Nashi DAN + 1700P	14/8 m/10 co/10 cl	YES NO
Stair	3.	NAME OF First Middle	Last 4. DATE Month	Day Year
## 5 % p		(Typa or print) ) CISC E/17AROT MC	CLOSKEY OF DEATH	1 10/01
# 5 6 5 F	5	SEX 16. COLOR ON RACE T MARRIED TO MENTED TO 18	(LU3KC9)	1960
N X X	13.	SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1)  Months   D  Months   D	
22 2	1	WIDOWED DIVORCED	4-3-92 6 yrs. Months	Pays Hours Min.
Pd 55	10	a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY	Y   11. BIRTHPLACE (State or foreign country)   12. CITIZ	ZEN OF WHAT COUNTRY?
5 - 5 - S	de	one during most of working tife, even if retired)	0 10 10 1	101
on on L	V-	11364	PENNSY/VGRIA 4	1.3,14.
- S. D. E.	13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
N S & S	4	( happe DTARK	1.11.011 64.001	_/
EO EE B	15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 11	NFORMANT Address	Y
6 - 5 - 9		es, no, or unkown) (Ifyes give wer or datas of service)	NFORMANT Address	Samt G.
DEE E		N	1a 4, 111 Closkey -	10010000
3 5 5 6		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		I INTERVAL BETWEEN
is is		PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
and		IMMEDIATE CAUSE (a) Courary or	cluseen	sulden
B 8 5 5		DUETO		
Na Principal		Conditions, if eny, which		
5. O4 E		gave risa to immediate cause		
S S S S S S S S S S S S S S S S S S S		(a), stating the underlying DUE TO		
و ط أنا على		cause last. (c)		
Para Series	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e)   19. WAS AUTOPSY
at a Car	I 은			PERFORMED?
d b	15			YES NO
C of G	CERTIFICATION	208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   206. DESCRIBE HOW INJURY OCCURED. (EI	nter nature of Injury In Part I or Pert II of item 18.)	
# ± ≤ ₹ £ £	8	CAUSE OF DEATH.		
L Sein	3	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE	CE OF INJURY (Home, farm, † 20f. (City or town) (Coun	ty) (State)
でいる。	18		ory, streat, office bldg., etc.)	(21616)
5 2 2 2	MEDI	p.m. 19 et work at work		
Drice to the price of the price		21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection Inquiry ,	and in my opinion
H T T T T	1			and in my opinion
5 5 5 5 5		death resulted from: Natural causes , Accident , Suicident , Suicident	de, Homicide, Undetermined manner	
		1 1 1 1 1	CHIEF MEDICAL EXAMINER	
the the the	V	ACTUAL TOUR 1 MARCHAIT	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
The Hard	4	SIGNATURE SIGNATURE Y TO SECULIA		160
		EXAMINER'S MY ARE T Phoophast		1-60
DEFULYANGES ease execute should be for FUNERAL. its designate		NAME (Type) HAMK J- 13 NOSENZKT	Address (Street, city, town, or county)	
shoul FUN its d	22	B. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country)	n (State)
0 940 9		Bures 100 25, 1960 The kincolnees	mellin Muri Glass Chiedo.	Maryland
HE	23	FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR   248. REGISTRAR SIC	SNATURE
VS. A15ME	10	VInter Thatten 25/ Carrell Al Big 11	NOV 23 60 Outline Ve	4
5M 7/59	X	HOWING OVERWIT, 234 CEOVERIL ST NOV. H.	DATE COOLING A. /	VALUE .
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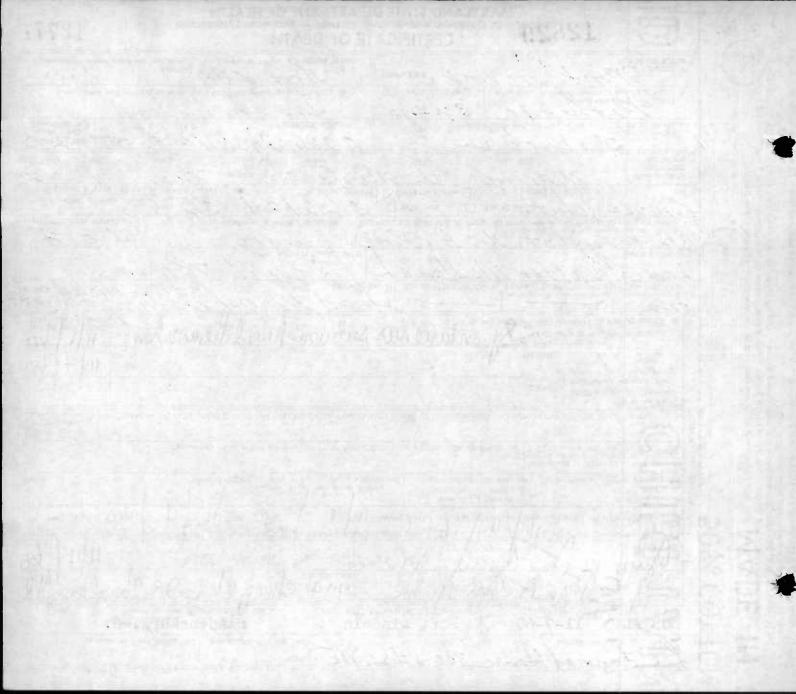
Letters bearing WILLIAM STREET, STREET 

VR A15 (4) 15M 9/59 I

# MARYLAND STATE DEPARTMENT OF HEALTH 128 Division of Statistical Research and RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12771

	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
1	b. CITY OR TOWN (If outside coporate limits, write   CAENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	RURAL and give mearest town	11/2 - 1
ł	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS
1	OR INSTITUTION The hund 2	2226-21:06 Son31, 517 YES NO
1	3. NAME OF First Middle	Lost , 4. DATE Manth Day Year
	(Type or print) Marion U. N.	Octaniels DEATH May, 4 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost bightday) Months Days Hours Min.
-	female White WIDOWED DIVORCED	3/22/24 36 yrs.
1	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	$10^{-1}$
1	Clerk-Trippist, Und Hil Forc	e. Georgia W.J.H.
4	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Lewis Walter /1/6 Llanie L	dewell /2/idges
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	NFORMANT /2 2 Address /- Nickolsonst
	no of	evel 11101113 Washington IC
	18. CAUSE OF DEATH [Enter only one coust per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY	INTERVAL SETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) A CONTINUOUS	12000000 CHIBIX NEWBORNAG 3 1111 1110
	330X DUE TO	
	Conditions, if ony, which gove rise to immediate (b)	11   T   60-
	cause (a), stating the under-	
	lying couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
2	The age of the state of the sta	YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Port II of item 1B.)
		ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	Hour o. m.  P. m.  19 While Not while to wark of wark	crory, sireer, quice blags, erc.)
	21. I certify that (I) (this haspital) attended the deceased fram	1900 , ta 1900 that (I) (we) last
	say the deceased alive an 11 19 10, and that a	death occurred at 100M, fram the causes and on the date stated above.
	22d SIGNATURE	ATTENDING MED. STAFF
	22c. PHYSICIAN 2	M.D. PHYS. DIRECTOR PHYS.
	MAKING BEDVOE KI GRAN - TIR	4740 Cheyy Chase R. Cheyy Chase, Ma-
	230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C	
	BYNYTAECHY) 11-7-60 Fort Line	eoln Bladensburg, Md.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Lee Funeral Home 300-4 ths	1, ) TE DATE NOV 9 160
		Ciril 2. Thank



TO HOSPITAL QE

VS A1S (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12731) CERTIFICATE OF DEATH

12772

	keg, Dist. 140.
1, PLACE OF DEATH o. COUNTY	MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  b. COUNTY ///
1 ontgomery	Maryland Montgomery
b. CITY OR TOWN (If outside disposet limits, write) c. LENGTH O	OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Chevy Chase	I Chevy Chase
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
3805 Woodbine Street	3805 Woodbrue St, YES NO E
3. NAME OF DECEASED (Type or print) Lowes Kenne	eth Mc Dorum DEATH November 24 1960
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER  WIDOWED D	R MARRIED B. DATE OF BIRTH  OVORCED DIVORCED DIVORCED OF BIRTH  OVORCED DIVORCED DIVORCED Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Wassef	INESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME . E. Kenneth McDa	rman Mary Schwarts
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR (Yes. no. or unknown) (If yes. give wor or dotes of service) 578-01-	RITY NO. 17. INFORMANT Address Address Woodbure St. Ch. Ch
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  DUE TO	ond (c).]  ouary Occlusion  interval between onset and death deserved
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.  (b)  DUE TO  Cored	bral Hemorrhage 1958
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  OR CONTRIBUTING  CAUSE OF DEATH  OF CONTRIBUTING  CAUSE OF DEATH	G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq \text{NO BY} \)
	NJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)
20c. TIME OF INJURY Month, Day, Year Mour a. m. 19 of work of work	le factory, street, office bldg., etc.)
21. I certify that I attended the deceased fram	1957, ta 760 24, 1960, that I last saw the deceased
alive an October, 1960, and	d that death accurred at 10100 TM, fram the causes and an the date stated above
ACTUAL Robert att	address (Street, city or town, stote) DATE SIGNED ATE SIGNED AND TOKOMA PH M
PHYSICIAN'S Robert A.H.	ARE 809 Davis Ave. Tk. Pk. Md. 11/24/60
REMOVAL (Specify)	of CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)  nsula Mem. Park Newport News, Virginia
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey Bethes	a 140. Rec b of Recision R 150. Recision R 150.

(1: THE REPORT OF THE PARTY OF THE e la capación de la compansa del compansa del compansa de la compa TO SERVE THE PROPERTY OF THE P

TO HOSPITAL O

VR A1S (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH 12 OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12773

1. PLACE OF DEATH	NITCOMERY	MARYLAND	2. USUAL RESIDENCE		lived. If instituti		e before admissi	on)
	NTGOMERY		-	LAND			OMERY	
RURAL ond give n		c. LENGTH OF STAY IN 16	CITY OR TOWN	(If outside corpo	rote limits, write R	URAL ond gi	ive nearest town)	
	NEY	10 DAYS		ER SPRI	NG			
OR INSTITUTION	TAL (If not in hospital, give street		d. STREET ADDRES	S			e. IS RESI	DENCE FARM?
	MONTGOMERY GENER	RAL HOSPITAL	16226 COLES	VILLE R	OAD. BOX	134	YES 🗌	
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Mor	ith	Day Y	'eor
(Type or print)	OSCAR	JAMES	MCKINNEY	DEATH	NOVEM	BER 4	,1	9 60
S. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UNDER	-
MALE	COLORED WIDOW	ED DIVORCED	JUNE 6. 1	881	79 yrs.	Months	Days Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of wark dane 10b.	KIND OF BUSINESS OR INDU			ountry)	12.CITIZ	EN OF WHAT CO	DUNTRY
during most of war	king life, even if refired)		TENNESE	F		111	. S. A.	
13. FATHER'S NAME			14. MOTHER'S MAID			1 0		
	JAMES MCKINNEY		HATTIE A	TILLING				
1S. WAS DECEASED EVI	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.1	NFORMANT	ILINS	Add	ress		
(Yes, no, or unknown)	(If yes, give wor or dates of service)							
1			HOSPITAL RE	CORDS,	ULNEY, 1	TARYLA		
	ATH [Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne tor (o), (b), and (c).	2 Frank	aline			ONSET AND	DEATH
Conditions, if	DUE TO	Chroni	same s	Time			YKS	
gove rise to couse (o), stating lying couse lost.	the <u>under-</u> DUE TO		0					
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	VEN IN PART	1(a) 19. WAS A PERFOR YES	RMED?
20a. ACCIDENT W	AS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRI	D. (Enter noture of injury	y in Part I or Por	t II af item 18.)			
20c. TIME OF INJUI	RY Manth, Day, Year 20d. II While at wor	Not while fo	ACE OF INJURY (Home, octory, street, office bldg.	form, 20f. (City, etc.)	or town)	(C	ounty)	(Stote
21 I certify the	at (1) (this haspital) attend	ded the deceased from	18/4	19 . ta	184	106	, that (1) (v	val las
	sed alive an NOV 4.				16			
22a. SIGNATURE &	Sed THAS OIL TATAL	4	deam accurred that	# Juny, Hypm	the causes ar	na an the		DATE
	MAN	Some - Color	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.			SIGNE
22c. PHYSICIAN'S	10	1	22d. ADDRESS	DIRECTOR [	11113.			
NAME (Type)	C. H. LIGON, N	(. d.	SAN	NDY SPRI	NG, MARY	LAND		
23a BUDIAL CREATATIV	ON. 23b. DATE THEREOF	So- MINE OF CEMEANDA						
23a BURIAL CREMATIC REMOVAL (Specify		Matl Hay	nony Mem		TION (City, town,	or county)	mid	2
24 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS 38	9 / nW 250.	REC'D BY REGIST		STRAR'S SIG		
Traziero	Juneral Hos	me one of	9 and DATE	NOV 7	'60	William &	. Thous	
0		1	Accelerate to the second					

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andry 1. Hours

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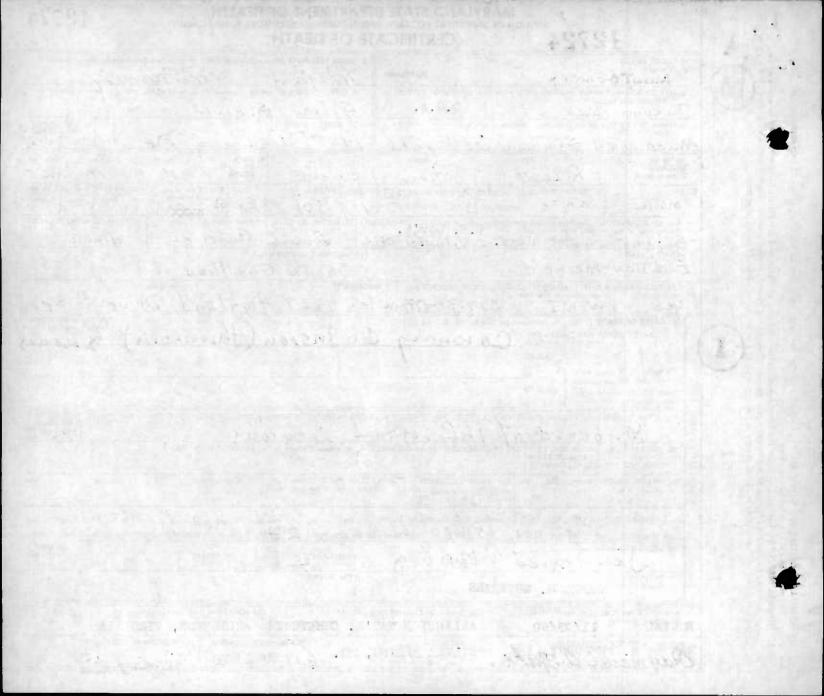
CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
MONT GOMERY MARYLAND	Maryland Montgomery
b. CITY OR TOWN (If autside carporote limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town)
RURAL and give negrest town) Takoma iarik  D.O.A.	Silver Spring 29
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Washington Santanum ad Hospital	1427 High land DP YES NO E
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Robert Purdy	McLeod OF DEATH 11 19 1966
- Minimized District Minimized	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR)  1 2 1 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Male White WIDOWED   DIVORCED	11/30/1898 61 600 11.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY
Superintendentof Bldg D.C. C.Ty Post OFF	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L. MaTTON Mc LEOC	Susan Gaillard
	IFORMANT Address
(Yes, no, or unknown) (If yes, give war or dotes of service) 2/7-31-1799 W	fe- 1927 Highland Drive SSps
TB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CO LONGLY	Declasion (thrombosis) 5 hour
DUE TO	
Conditions, if any, which I	
gove rise to immediate DUE TO	Charles and the second of the
cause (a), stating the <u>under-</u>   but to	
, (0	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT.	PERFORMED? YES PA NOT
1200 ACCIDENT WAS LINDEDIVING TO 1200 DESCRIBE HOW INJURY OCCURRENT	D. (Enter nature of injury in Part I ar Port II af item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2. (emey native of imply) in fall for for it of not its in to.)
	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State, street, affice bldg., etc.)
Hour o. m.  P. m.  19 While Not while too	auty, sitees, diffice blog., etc.)
21. I certify that (I) (this haspital) attended the deceased fram	1956, to 40-1-1960, that (1) (we) los
	leath accurred al 1527M, from the causes and an the date stated above
220. SIGNATURE	edin accurred ar, from the causes and an the date stated above
In the The Trust in a	ATTENDING MED. STAFF SIGNE
22c. PHYSICIAN'S NAME (Type) JAMES M. WHIKEELS	22d. ADDRESS
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, ar caunty) (State)
BURIAL (Specify) 11/23/60 ARLINGTON NAT	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25g. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE
WANNER E. PUMPHREY INC. SILVER SPRING	, MD. DATE NOV 2 8 '60

should be filed with after death. Page 4 e funeral directar, and 2 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL STEEDING PHYSICIAN: The law requires that the death certificate be executed within 24 haumay be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to burial, crematian, or removal, and in any event within 72 haurs after death.

VR A1S (4) 15M 9/59



CERTIFICATE OF DEATH

	- for ( ) v .							
1. PLACE OF DEATH o. COUNTY Montgomer	y		MARYLAND	2. USUAL RESIDENCE (W	here deceased li	ived. If institution:	Residence be	fare admission)
b. CITY OR TOWN (IF RURAL and give ne Bethesda		s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Washington		te limits, write RURA	AL and give r	nearest town)
OR INSTITUTION	AL (If not in hospital, gi		address)	d. STREET ADDRESS	ngton St	S. W.	, ,	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Firs	ıt	Middle Gordon	Lost MICHAEL	4. DATE OF DEATH	Month November		Day Year 2 19 60
S. SEX		4	RIED NEVER MARRIED			AGE (In years IF		AR IF UNDER 24 HRS.
Male	Caucasian	_		11-1-60		yrs.	1	
10a. USUAL OCCUPATIO during most of work	N (Give kind of work ding life, even if retired)	lane 10b.	KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (Stor	e ar fareign caur yland	ntry)	U.S	• A •
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
Paul Gordon	n MICHAEL			Shirley M	ae O'CON	INOR		
NO	R IN U. S. ARMED FORG (If yes, give wor or dates of se			F) Paul G. Mi	chael, s	Address same as #		е
Canditions, if ar gave rise to in cause (a), stating lying cause last.	mmediate ( DUE TO		natal atelect	asis, cause u	ndetermi	ned		
¥	t ductus ar	teri	osus	UT NOT RELATED TO THE TERM			IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I ar Part II	l af item 18.)		
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yea	While at war	Nat while	PLACE OF INJURY (Hame, far factory, street, affice bldg., e		r tawn)	(Count	ty) (State
saw the deceas	t (I) <b>passonesque</b> ll ed alive an <u>Nov</u>	-	ded the deceased fran 19_60, and that		DPM			that (1) (MMC) last
22o. SIGNATURE	Polert.	V. K	lack	M.D. ATTENDING M.D. PHYS.	MED.	STAFF PHYS.		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Robert V. F	RACK,	LT, MC, USN	U. S. Na.	val Hosp	oital, Be	thesda	, Md.
230. BURIAL, CREMATIO REMOVAL (Specify) Burial	11-4-60	F	23c. NAME OF CEMETERY Arlington	OR CREMATORY National		ON (City, town, or o		(State) rginia
24. FUNERAL DIRECTOR Hanlon Fune		3831	ADDRESS Georgia Ave.,		V 9 '60		AR'S SIGNA	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in b page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the State Board of Health priar to burial, cremation, or remaval, and in any event with 72 hours after death. TO HOSPITAL VR A15 (4)

death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

funeral auld be

			16251	
	Unit College		nie za	amil l
	cool graders	1.44	(Inguil) in	and the
	acculing A Dil		Inelgacii Lay ia	
1. (A) W.T.	u vii	nobreu		
			Carpagan	outil
	Anniyian			
ROBBLO	to any solution			o dist
ourse represent		amil.		
	Melity - voil			
eall of , Larlies	B Laval .a .d		Cal Coss. a	
	Leading to	Standard - 1	u-4-11	
3		. מעוצעונס זריי		

DATE NOV 1 4 '60

### MARYLAND STATE DEPARTMENT OF HEALTH 1979 - DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEDTIEICATE OF DEATH

1	CERTIFICATE OF DEATH
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	MARYLAND 40. STATE 1 b. COUNTY A
1	b. CITY OR FOWN (If outside corporate lightly, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)
41	RURAL and give negres lown)
1/	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  d. STREET ADDRESS.  e. IS RESIDENCE
	OR INSTITUTION
-	WASHINGTON AND HOSPITAL 12412 EVANS VIVE YES NO BY
5	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year
0	(Type or print) RUSSELL DOUGHAS MILNER DEATH // 6 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min
1	MALE WIDOWED DIVORCED 4-9-1903 ST yrs. Months Doys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)
-	Chark Thomas Cabe San Trevel Thomas Cabe San Trevel Things S
	13. FATHER'S NAME AGENCY 14. MOTHER'S MAIDEN NAME
	CLARENCE O. MILNER MARTHA Jensen
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address
	(Yes, no, or unknown) (If yes, give wor or doles of service) 570, 12, 1767
	NO SIGNIZ-1301 WASHINGTON SANITARIUNI + HESPITAL RECOR
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  NEETH MAS CAUSED BY A 2014 TO THE COURSE AND DEATH
	PART I. DEATH WAS CAUSED BY: Acute myocardial infarct involving left anterior 4 days
	DUE TO descending coronary artery
	Conditions, if ony, which) (b) Massive myocardial fibrosis involving left Since 1952
	gove rise to immediate couse (o), stating the under-
	lying couse lost. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
~	13 Coronary Chrom bosis (old) 1952 YES BNOD
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)
	Hour o. m. While Not while rocrory, street, onice blog., etc.)
	21. I certify that (1) (this haspital) attended the deceased from 1952 to Nov 6, 1960, that (1) (we) las
	saw the deceased alive on Nov = 1960 and that death accurred at A.M., from the causes and an the date stated above
	220. SIGNATURE 226. DATE SIGNED. STAFF SIGNED
	M.D.   PHYS.   DIRECTOR   PHYS   1000 64960
	22c. PHYSICIAN'S 22d. ADDRESS 0620 denge a cluff
1.	George L. Pail Selver gran all
100	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
h	BURIAL 11/9/60 PARKLAWN CEMETERY MONTGOMERY COUNTY MD
0	24. FUNEBAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
	MORNER E. PUMPHREY INC. SILVER SPRING, MD.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the haspital an attending physician. TO HOSPITAL may be reka

VR A15 (4) 15M 9/59

REFSE to a single - your or park a son park to be a series - Litera velicitada i - Tirra Start of a province of the same of the 

### 12748

1. PLACE OF DEATH					titution: Residence before adn	nissian)
a. COUNTY HONT	Comerv	MARYLAND	a. STATE Md	b. COU	Mont.	
b. CITY OR TOWN (III RURAL ond give ne	autside corporate limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF	autside carporate limits, wr	ite RURAL and give nearest to	own)
Kensini	- 1	IVE 8MG	BeThe	sdA :	50	
d. NAME OF HOSPIT	AL (If not in hospital, give stre	et oddress)	d. STREET ADDRESS	2		RESIDENCE
Kensing	Ton GARdens	SAN.	4618 h	ighland	HUR! YES	
3. NAME OF	First	Middle	Lost	4. DATE	Month Day	Yeor
(Type ar print)	Olivia	P	M.Tchell	OF DEATH	11 1	1960
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yell last birthd		
1	WIDO	WED DIVORCED	11/1/186		yrs. Manths Days Hau	rs Min.
10a. USUAL OCCUPATIO	N (Give kind of wark done 10	b. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (Stat	e ar foreign cauntry)	12. CITIZEN OF WHA	TCOUNTRY
house			W.751	5. D.C.	4.5.1	9.
13. FATHER'S NAME		)	14. MOTHER'S MAIDEN	NAME		
Geor	ege A. Te.	erie	Heli	N PARK	lee .	
	If yes, give war or dales of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
NO		None	Thomas W. P	yle-son in	law-same 20	1
18. CAUSE OF DEA	TH [Enter anly ane couse per	r line far (a), (b), and (c).]	1 (4 . 1		INTERVAL	BETWEEN ND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Muscardia	1 - Jacker			ens
450	DUE TO			A 5 A		
Conditions, if a	ny, which ) (b)	arterio Scle	rosis gener	alised	10	years.
gave rise to in cause (o), stoting	mmediate ( But TO		1	8		
lying cause last.	(c)					
PART II. OTH	IER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WA	AS AUTOPSY
PART II. OTH						□ NO <b>X</b>
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I ar Part II af item 1B	.)	
	MEDICAL EXAMINER)	EAT Daile				
20c. TIME OF INJUR Haur a. m. p. m.			PLACE OF INJURY (Hame, far factory, street, affice bldg., e		(County)	(State
p. m.	19 Wh	ile Nat while work ot work	,			
21. I certify tha	t (I) (this hospital) atte	ended the deceased from	1953	9	L, 1960, that (1	) (we) las
saw the deceas	10	79 (1)		55	s and an the date stat	, , ,
22a. SIGNATURE	, 100					22b. DATE
1 All	hed S. Mo	ren	M.D. PHYS.	MED. STAFF PHYS.	11/1,	/60
22c. PHYSICIAN'S/ NAME (Type)			22d. ADDRESS			24.2
	Alfred S. N	orton	4711 Hi	ghland Ave	Bethesda,	Md.
23a. BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to		State)
Burial	11/4/60	Glenwood	Cemetery	Washing	ton, D. C.	
24. FUNERAL DIRECTOR	S SIGNATURE	DDRESS	9 9	C'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE	
Rebertua	ephony breeze ea	Bethanda, Ma	ryland DATE	011 0 100	010	75
	11			UY O OU	Coulant S. Thousand	

the ottending physicion and completely filled in by we funeral director. Then please remove corban papers. Pages 1 and 2 should be filed with may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in b page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours

TO HOSPITAL

VR A15 (4) 15M 9/59

er death. Page 4

-	K. 1	m,		
			100	

MARIO IC MADILITI

4 CE - TOBILE 1 THE OF MAN Thomas L. Pylnsen in law-same 24 

Edwint 11/9/60 Glerwood Genetary Washington D. C.

District Ansantha Caracian Statements A dreams

			MAKT	LAND	STATE DEPAK				IMORE, I	8	15	778
			19796		CERTIF	CATE OF	DEATI	Н		Reg. Dis	it. No.	6 6 6
1)	1.	PLACE OF DEATH COUNTY Montac	mem		MARYLA	a. STATE	residence (w	here deceosed	lived. If instituti			ssion)
			(If outside corporate limitearest town)	its, write	c. LENGTH OF STAY IN	1b c. CITY (			ote limits, write R	URAL and g	ive nearest to	vn)
		d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g			d. STREE	T ADDRESS		1		e. IS RI ON	SIDENCE A FARM?
75	3.	NAME OF	Sanitarium		Hospital Middle	п доо	L WELLE	Road	Mor	, eh	Doy	Yeor
- marie		DECEASED (Type or print)				Monki		OF DEATH	Novembe		Doy	19 60
	5. 5	Male	6. COLOR OR RACE	7. MARR	NEVER MARRIED  DIVORCED	8. DATE OF B		160	P. AGE (In years lost birthdoy) yrs.	IF UNDER	Doys Hour	DER 24 HRS.
	10a	. USUAL OCCUPATION during most of wor		dane 10b.	KIND OF BUSINESS OR I	NOUSTRY 11. BIRT		or foreign co	untry)	12. CIT	IZEN OF WHA	T COUNTRY?
1	13.	FATHER'S NAME			110116		ER'S MAIDEN					
		Ches	ter John Mo	nkie	wicz		Jean Ma	arie Sm	ink			
,	15. (Ye	WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	7. INFORMANT			Add	ress		
						mother		S	ame as a	bove		
			ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		CEREBR	AL A	VOXI.	A -	APNE	=A	INTERVAL ONSET AN	BETWEEN D DEATH
		Conditions, if			SHOULDE	e PRESI	ENTAT	TON 1	Fwin	)	14	hour.
		gove rise to i cause (o), stating lying cause lost.			IN UTER					ON		
	CATION	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	PERF	AUTOPSY ORMED?
2	CERTIFI	OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	JRRED. (Enter notus	re of injury in	Port 1 or Part	II of item 18.)			
	MEDICAL	20c. TIME OF INJUI Hour a, m, p, m,	RY Month, Day, Ye 19	While	NJURY OCCURRED 20 Not while k ot work	foctory, street, a	RY (Home, farn ffice bldg., etc	n, 20f. (City o	or town)	(C	ounty)	(Stote)
		21. I certify th	hat I attended the	deceas	ed fram	6 13, 196	20, to	MV	13, 1960	),that I l	ast saw the	deceased
		alive on	NOV 1	3, 124	60, and that de	oth accurred	at 4/30					
1		ACTUAL SIGNATURE	Robertz	. Kr	Telunar	M.D	77:		eet, city ar town,			
*		PHYSICIAN'S NAME (Type)	BBERT	1.	KRICHM	er n.d		Lines	HINGTU.	v 12	D.C	1966
	220	BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREC	F	22c. NAME OF CEMETE	RY OR CREMATOR	Y	22d. LOCATI	ON (City, town,	ar county)	(St	ote)
1/1	23.	Cremation	11-11-60	)	Washing ton ADDRESS	Sami tari	240. REC'	D BY REGISTR	AR 24b. REGI	STRAR'S SIG		
11		Robert A	. Hare, M.I	. Was	shington San	& Hospe	DANOV	1 7 '60	adi	un 8. K	lalla	
1		2	17534	3×	V5							

	TE OF DEATH	
	L. Harley M. Cell B. Dall C.	WALL SHOW HE
		of Alle
the state of the s	元· 10月16日 日本北市、山田県	
		Balanca Language
	Josephania Sedek	minis traduced
CTAN S		
WE BARREN		

VS A15 (4)

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	3
2832	CERTIFICATE OF DEATH	

12779

ATE OF DEATH

						•		Reg. Dist	. No.	
1.	PLACE OF DEATH			2.	USUAL RESIDENCE (Wh	ere decease	d lived. If institutio	n: Residence	e before odn	nissian)
		ontgomery	MARYL	LAND	District o	f Col	umbia county		1.	1
	b. CITY OR TOWN (II	f autside carporate limits, write	c. LENGTH OF STAY I	IN 1b	c. CITY OR TOWN (If o	utside carpo	rate limits, write RL	JRAL ond gi	ve nearest to	wn)
	RURAL and give ne Betheso		18 Days		Washington			/		· Y _
		AL (If not in hospital, give street a	address)		d. STREET ADDRESS				e. IS P	RESIDENCE
r	The Clinica	al Center, Beth	esda 14. Md		2325 42nd S	troot	NT TAT			A FARM?
⊫	NAME OF	First	Middle	6 9 11	Lost	4. DATE	Manti			
	(Type or print)	Marjorie	Maude		Morey	OF			Doy	Year
5.	SEX		IED NEVER MARRIE	D B B	ATE OF BIRTH		November	IF UNDER 1	19 YEAR IE LIN	1960 IDER 24 HRS
1	Female	White WIDOWE				000	last birthday)		Days Hour	
	a USUAL OCCUPATIO	N (Give kind of west done 10h		n De	cember 28 1	909	50 yrs.	12 CITIZ	ZENI OE WALL	AT COUNTRY
	during most of work		tore	N II ADOSIKI	Canada	ur tureigh ci	ountry)	U.S		AI COUNTRY
13	FATHER'S NAME	similiner   0	0016	11.	I. MOTHER'S MAIDEN N	4445		0.5	044.0	
0		John Willoughby		"	Fanny M.		on			
15		R IN U. S. ARMED FORCES? 16.	COCIAL CECUDITY NO	117 111501						
(Y	NO NO	If was or un worr or dotor of secured	89-18-2484	17. INFO	The Med	lical	Records	:53		
				The C	linical Cer	iter,	Bethesda	11, M	arylar	nd
×		TH [Enter only one cause per lin	e for (a), (b), and (c).]						INTERVAL ONSET AN	BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) Set	oticemia							ays
	754.5	DUE TO					= 41 1 1 2 3			
	Conditions, if or		phlococcal	Media	astinitis an	nd Per	ricarditis	5	D	avs
ď	gove rise to in couse (a), stating t	nmediote (								
	lying cause last.	(c) Sta	tus Post-0	perati	ve ASD Repa	air_			11 D	ays
O N	PART II. OTH	ER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERMIN	NAL DISEASI	E CONDITION GIVE	N IN PART	1(a) 19. WA	S AUTOPSY
A	Atri	al Septal Defec	t Post- Op	erativ	7e					FORMED?
TIFI	20g. ACCIDENT WA	S UNDERLYING [] 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	RIBE HOW INJURY OC	CURRED. (E	nter noture of injury in P	ort I or Port	II of item 18.)			
3	(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
MEDICAL CERTIFICATION	20c. TIME OF INJURY	Manth, Day, Year 20d. IN	IJURY OCCURRED	20e. PLACE	OF INJURY (Home, form,	20f. (City	or town)	(Co	ounty)	(State)
MED	Hour o. m.	19 While at work	Not while of work	tactory,	street, affice bldg., etc.	)		ale v		
-		at I attended the decease		an 10	1060 . Nov	romb on	70 1060			
	alive an Nove	mbon 10 106	O	i al	_, 19 <u>00</u> _, 10 <u>110</u> 4	ember	172, 1800	,that I la	ist saw the	e deceased
	duve quivore	JIUSIL_1, 19.0	U, and that	death acc	curred at 11:15 A		n the causes ar reet, city or town, s			
	ACTUAL 6	0 B 1. 1.	120				l Center	lare)		DATE SIGNED
	SIGNATURE	. I workenling	de 14. N.	M.D.			titutes o	2 0 2	11/	19/60
	PHYSICIAN'S E.	C. Brockenbrou	igh M.D.						TU	
22.					Bethesd		Maryland			
221	REMOVAL (Specify)		22c. NAME OF CEMET	- 1			ION (City, town, or	-	(St	ote)
22	removal	11/21/60	Beechwo			Otts		ada		
	FUNERAL DIRECTOR'S	nes Co. 2901	ADDRESS Was	sh D	24o. REC'E	BY REGIST	RAR 24b. REGIST	RAR'S SIGN	TATURE	
-8- 4	the line Line 1 Line	1100 000 00 701	THE PLANT IN U.	11 4 11	A A DATE					

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Then please remove carbon popers. Pages 1 and and in any event, within It hour after death.

may be reported by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remave carbor-popers. Pages 1 and the State Board of Health priar to burial, crematian, or remayal, and in any event, within 72 hours, after death.

after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITA

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

128 DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1	COUNTY Mont Gome	Ory MARYLAND	o. STATE West	b. COUNTY	(.5 x
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest sown)	c. LEDIGTH OF STAY IN 16	c. CITY OR TOWN (If or	otside corporate limits, write RU	
	I. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Juburba	t address)	d. STREET ADDRESS	410-8.F.	CH / e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First Type or print)  France	Middle //	Now Hon	4. DATE Month OF DEATH	20 1960
S. S	ex 6. COLOR OR RACE 7. MAR Centale White WIDOW	A	12/14/79	9. AGE (In yeors last birthdoy)  yrs.	Months Days Hours Min.
L	USUAL OCCUPATION (Give thind of work done 10th during most of working life, even it retired)	KIND OF BUSINESS OR INDUS	III.	1015	12. CITIZEN OF WHAT COUNTRY?
1	emon Parker	Kawlings	14. MOTHER'S MAIDEN N	Mon	nier .
	no, or unknown) (If yes, give war or dates of service)	None Di	2123	Bradley Bl#d Moulton-daug	
F	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY:	line far (a), (b), and (c).]	. Dai vala 1	TOUT FOR THE	INTERVAL BETWEEN ONSET AND DEATH
	1MMEDIATE CAUSE (a)	Teremon			1 week
	Conditions, if ony, which ) (b)	Catarialan	neghosel	le oser	5 mas
	gove rise to immediate couse (a), stating the under:	menous ,	nggmood		- Jacobs
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	YAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
FICAT	laccinoma of	he pamula	2 with for	il pretasti	The YES NO
CERTI	20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter noture af injury in P	ort I or Port II of item 18.)	
MEDICAL	Hour o. m. Whil	- for	ACE OF INJURY (Home, farm, tary, street, affice bldg., etc.		(County) (Stote)
	21. I certify that (I) (this haspital) attended to the deceased alive on the deceased alive of the deceased alive on the deceased alive of the deceased al	- /	Mar. A.		d on the date stoted above.
	22a. SIGNATURE	11 76		D STAFF	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	remue	M.D. PHYS. DII	RECTOR PHYS.	11/20/60
	Senich T.	Kimble	929 Pen	hing pr. Si	low spring md
230	BURIAL, CREMATION, 23b. DATE THEREOF BUILDING 11/23/60	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, o	
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'I	BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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Cerl	d Bu	e ren	eyes	1	_
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the	he at	hen	ui pu		
that	by t	H.	the State Board of Health prior to burial, cremation, ar remaval, and in any eyert within 72 hours ofter death.		
uires	gned	perm	<b>Pmdv</b>		
req	en si	Insit	ar r		
e low	shysical strains	al-tro	tion,		
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17	AE D	haul	Вод		
OSPI	NER	e 3 s	State		
OH	O FL	bod	the		
TO HOSPITATOR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4	may be re and by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director,	(4)			
15/	N 9/5	9			

	-						_
1. PLACE OF DEATH O. COUNTY MONTGOME	ry	MARYLAND	2. USUAL RESIDEN o. STATE District	CE (Where decease	b. COUNTY		perfore admission)
b. CITY OR TOWN	(If outside corporate limits, wr	ite c. LENGTH OF STAY IN 16	1	/N (If outside corp	E-1001 X	URAL ond give	nearest town)
RURAL ond give Bethesda	(Rural)	3 days	Weshing			117	1, -3
	PITAL (If not in hospital, give st		d. STREET ADDI			7/	. IS RESIDENCE
OR INSTITUTION	val Hospital			ssachuset	ts Ave.,	S.E.	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Anna	Middle Frances	Lost MURRAY	4. DATE OF DEATH	Nove	mber 18	Day Year
5. SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	7	EAR IF UNDER 24 HR
Female	Caucasian WID		2-22-91		lost birthdoy) 69 yrs.	Months Day	ys Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work done	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN	OF WHAT COUNTRY
Housewif	orking life, even if retired)		Nev	w York		U	.S.A.
13. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME			
William	BELL		Alice I	BARRICK			
15. WAS DECEASED ET	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17, II	NFORMANT		Ado	Iress	
(Yes, no. or unknown) NO	(If yes, give war or dates of service)	577-12-2505 (H	H) Wm. R. M	Murray, s	ame as #	2 above	
18. CAUSE OF D	EATH [Enter only one cause p						INTERVAL BETWEEN
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cardiac D	ecompei	V sation	V		MISET AND DEATH
411	DUE TO						
Conditions, if	ony, which )	Rheumatic	Heart	1)150	ase		4 days
gove rise to	immediate Dur TO	1 11 00 111 00 100	,,	12.10-			1000
lying couse los	g ine under-						
_		NS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO TH	E TERMINAL DISEA	SE CONDITION GI	VEN IN PART 1(c	19. WAS AUTOPS
CATIC							PERFORMED? YES A NO
20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING 20b. IG CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of in	jury in Port I or Po	rt II of item 1B.)		
T 20c. TIME OF INJU			ACE OF INJURY (Hom		y or town)	(Cour	nty) (Stot
ZOc. TIME OF INJU Hour o. m	10	hile Not while to	ctory, street, office blo	dg., etc.)			
			Nov. 15	12.60	Nove 18	60	
saw the dece	ased alive an Noy.	tended the deceased fram. 18 1960, and that (	death accurred a	+: 45 AM ta .	the causes a	nd an the di	that (%) (we) la ate stated abave
220. SIGNATORE	h						22b. DATE
7.	Muth		M.D. PHYS.	MED.	STAFF PHYS.		11-18-60
22c. PHYSICIAN'S NAME (Type)		MC #SN	22d. ADDRESS				
	R. MUTH, LT,	MC, GOM	U. S. 1	Naval Hos	pital, Be	thesda	, Md.
23a. BURIAL, CREMAT	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCA	TION (City, town,	or county)	(Stote)
Buria.	11-22-60	National	Arl	ington	Virg	ginia	
24 FUNERAL DIRECTO	RS-SIGNATURE COL	Co. ADDRESS		o. REC'D BY REGIS	TRAR 25b. REG	ISTRAR'S SIGNA	ATURE
W.W.Chambe	rs Co., 517 11	th Street, S.E. W	VashDC DA	TE NOV 2 2	'60	7.11.00	4

1.183 LA AND HIS TO BE CONTROL OF THE STATE OF THE W-28-12 the gull gull guller . It is TO SEE THAT I WAS A SECOND OF THE SECOND OF  ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VR A15 (4) 1SM 9/59

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## MARYLAND STATE DEPARTMENT OF HEALTH 12 PIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12782

	CERTITIO	SAIL OI D	EAIII		-
1. PLACE OF DEATH a. COUNTY Montgomery	MARYLA	2. USUAL RES	DENCE (Where dec	leased lived. If institution lumbia	n: Residence before admission)
b. CITY OR TOWN (If outside corporate limits,	write c. LENGTH OF STAY IN	16 c. CITY OR	TOWN (If autside	corporate limits, write RUI	RAL and give nearest town)
Bethesda (Rural)	14 hrs.	Washi	ngton		47 X -
d. NAME OF HOSPITAL (If not in hospitat, give OR INSTITUTION	street oddress)	d. STREET	ADDRESS		e. IS RESIDENCE ON A FARM?
U. S. Naval Hospital		1524	F Street,	N.E Apt	
3. NAME OF First DECEASED (Type or print) Ella	Middle Lee	Lo MU	01	ATH Novem	
S. SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRT	Н		FUNDER 1 YEAR IF UNDER 24 HRS
Female Negro w	DIVORCED [	4-1-0	5.	55 yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind af work dor during most of working life, even if retired)	ne 10b. KIND OF BUSINESS OR I	NDUSTRY 11. BIRTHP	LACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
Housewife		- We	st Virgin	ia	U.S.A.
13. FATHER'S NAME		14. MOTHER	MAIDEN NAME		
John BROOKS		Estel	le		
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes. no. or unknown) (If yes, give war or dates of servi-		17. INFORMANT	le Hart	Addre	
No	Unknown	(S) Morri	s E. Chri	stian, same	as #2 above
Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	artiriose	le notice	of Lypn	Amrive mian	20 yes
PART II. OTHER SIGNIFICANT CONDIT			22.25	Maria Para	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCC	UKKED. (Enfer noture	or injury in Part I o	r rom II or nem 16.)	
VOC. TIME OF INJURY Month. Doy, Year Hour a.m. 19	20d. INJURY OCCURRED While Not while at wark ot work	e. PLACE OF INJURY foctory, street, offic	(Hame, form, 20f. te bldg., etc.)	(City or town)	(County) (State
		M.D. ATTENDIN PHYS.	d 12:35.PM	am the causes and	19.60, that (M (we) las an the date stated above 22b.DATE SIGNED 11-22-60
23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 11-29-60	23c. NAME OF CEMETE	orial Come	tery	OCATION (City, town, or Suitland, Md.	p. c.
J.T. Rhines Funeral Hom	ne, 3015 12th St	WashDC .,NE	DATE	D DO	TRAR'S SIGNATURE

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12836

CERTIFICATE OF DEATH

1	2	7	8	3

		17	0					Reg. Dis	t. No.		
1. PLACE OF DEATH o. COUNTY Montg	omerv		MARYLAND	0. 51		Where deceose	d lived. If instituti b. COUNTY				on}
	If outside corporate limi earest town)	ts, write	c. LENGTH OF STAY IN 16	c. C			rote limits, write R	URAL ond g	ive neare	st fown)	
	TAL (If not in hospitol, g	ive street	oddress)	d. S	TREET ADDRESS	burg	Rul al			IS RESID	FARM?
3. NAME OF DECEASED (Type or print)	Fin John	it	Middle Weslev	Nich	Last	4. DATE OF DEATH	Nov	th	Day		eor 960
s. sex Male		7. MARR	IED NEVER MARRIED	B. DATE		2	9. AGE (In years loss birthdoy) yrs.	IF UNDER Months	_		
during most of wor	king life, even if retired		KIND OF BUSINESS OR IND	USTRY 11.	BIRTHPLACE (Sto				ZEN OF V	VHAT CO	DUNTRY
Painte:	r sett	emp.	Loyeu	14. MC	OTHER'S MAIDEN						
Too A	ndrew F.Ni	ohol.		Ma	rgaret	Thomas	000				
Conditions, if of gove rise to it couse (o), stoting lying couse lost.	the <u>under-</u>	Hy	1 1 10		i'osclerot	ic care	them;		3	Y CO	AYS AYS
PART II. OTH	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	CRIBE HOW INJURY OCCURR	RED. (Enter	noture of injury i	n Port I or Po	t II of item 18.)			PERFOR	NO [
20c. TIME OF INJUR Hour o. m. p. m.		20d. In While of work	Not while f		NJURY (Home, fo et, office bldg., e		y or town)	(C	ounty)		(Stote)
21. I certify the olive on	not I attended the November	8			1960, to red of 41 Barne	M, from	the couses or treet, city or town,	d on the	date :	stated	obove signer
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	) NT 0		22c. NAME OF CEMETERY Methodist	OR CREMA	TORY	1 199	TION (City, town,			(State	)
23. FUNERAL DIRECTOR	0	0-	ADDRESS	0000		C'D BY REGIS		STRAR'S SIC	NATURE	A	

he funeral directar, should be filed with may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haugs after death. Page 4

TO HOSPITAL VS A1S (4) 15M 9/58

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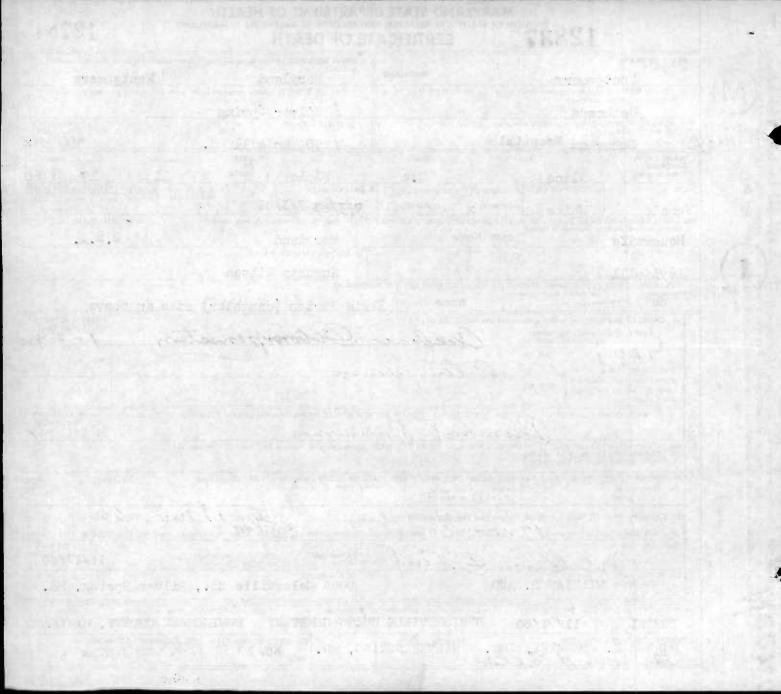
MEASURE HARRISON Legisles--grundovield SHEET-S TORK , a. V storail 5 sythme sell Now Cantago Market Control and The same of the sa ridom M. Buch Discuss Ils, Not . Markey F. Bullion beffice of the said the said The Bay and the same of the sa

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		ACE OF DEATH					2. USUAL RESIDENCE (Who	ere decease	d lived. If institution b. COUNTY	an: Resider	nce befare ad	mission)
1		2.5	tgomery		MARYLA	AND	Maryland Montgomery					
Ī	b		(If autside carporate limi	ts, write	c. LENGTH OF STAY IN	v 16	c. CITY OR TOWN (If a	utside carpo	orate limits, write R	URAL and	give nearest	rawn)
		RURAL ond give r	hesda.				14 Silver	Sprir	nor			
ĺ	d	NAME OF HOSPI	TAL (If not in hospital, a	ive street	t oddress)		d. STREET ADDRESS	- Dr TT	-5	-32	e. IS	RESIDENCE
P		OR INSTITUTION	urban Hespi	tal			1 001 11-1	Tesan	מא			N A FARM?
1							704 McN					
	D	AME OF ECEASED	Fir	st	Middle		Last	4. DATE OF	Man	th	Day	Yeor
		ype or print)	Alice	1	Mae		Niple	DEATH		1	17	19 60
	s. se	X	6. COLOR OR RACE	7. MAR	RRIED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years lost birthday)	Manths	Days Ha	
	Fe	emale	White	WIDOW	VED DIVORCED		李次文 2/3/8	31	79 yrs.			
	10a.	USUAL OCCUPATI	ON (Give kind of wark or rking life, even if retired)	done 10b	. KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (State	or foreign o	country)	12. CIT	IZEN OF WH	AT COUNTRY
ĺ	F	Housewife		OWI	n home		Maryland			A ST	U.S.A.	
ľ	_	ATHER'S NAME	I Charles - Little				14. MOTHER'S MAIDEN N	IAME				
	1	0:17					Augusta V	Hil dor				
١	_	Levi Gill	FR IN U.S. ARMED FOR	CES2 14	S. SOCIAL SECURITY NO.	17 IN	FORMANT	TTTOOT	Add	ress		
ı		no, or unknown)	(If yes, give wor or dates of s								,	
		110			none	1	Lsie Burton Vo	laughi	ter) same	as a		
1	-	IB. CAUSE OF DE	ATH [Enter anly one co	use per l	line far (a), (b), and (c).]							ND DEATH
I		PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (or		( Dalle	11	Dection	her	notion		1 -	- 2 4
1	П	450	DUE TO		- Carren	-		1	CALL COLOR		/	
1	Н	100	- V		04	1	9 +					
ı		Conditions, if a	immediate		relevos	eke	word					
ı		couse (a), stating	the under- DUE TO								3 537 6	
ı	_	lying cause lost.	, (c	)								
l	IFICATION	PART II. OT	HER SIGNIFICANT CON	BITIONS	CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TERMI	NAL DISEA	SE CONDITION GIV	EN IN PAI	RT 1(a) 19. W	AS AUTOPS REORMED?
١	3		(4)	us	retriet 1	n	emma				YES	□ NO D
1	TIF	20a. ACCIDENT W	AS UNDERLYING	20b. DE	SCRIBE HOW INJURY OC	CURRE	D. (Enter nature of injury in F	Part I or Po	rt II af item 1B.)			
	ü	IF EITHER, NOTIFY	MEDICAL EXAMINER)									
	N :	Oc. TIME OF INJU	RY Manth, Doy, Yes	or 20d.	INJURY OCCURRED 2		ACE OF INJURY (Hame, farm		y ar tawn)	,	(Caunty)	(Stat
1	MEDIC	Haur a.m.	19	While		foo	tary, street, office bldg., etc.	)		900		
	₹ -	p. m.		or wo	ork of work			1				
١		21. I certify the	ot (I) (this hospital	l) atten	ided the deceosed f	rom	19:	54, to.	17 nor	, 19_	Se Othor (	1) (we) lo
ı		saw the deced	sed olive on 15	ma	2- 196 9 and 1	hat d	leath occurred a	M. from	the causes ar	nd on th	e dote sto	ted obov
ĺ		22a. SIGNATURE				0						22h DATE
l			1.01		allen	D	M.D. PHYS. DI	ED. RECTOR	STAFF PHYS.		11/1	7/60N
I		22c. PHYSICIAN'S	VALA	m	-		22d. ADDRESS					
l		NAME (Type)	WILLIAM D.	AUE			9006 Colest	ville	Rd., Sil	ver S	Spring,	Md.
	1				·							
ı	23a.	REMOVAL (Specify	ON, 23b. DATE THEREC		23c. NAME OF CEMET				ATION (City, town,			Stote)
		BURLAL	11/21/6	U	BOKTONSVILI	ا ظار	UNION CEMETERY	MC	ONTGOMERY			KILAN.
	24. F	UNERAL DIRECTO	PUMPHREY	INO	. SILVER S	SPRI	NG. MD. 250. REC'I	D BY REGIS	TRAR 25b. REGI		IGNATURE	
1		Kaunis	nel !! The	ck	2	- 4 4 1	DATE	04 2 3	a	rimy 2	. Traces	
C			7									

TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 have pfi may be recommon by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by many processing the control of the processing of the control of the processing of the proces VR A1S 1SM 9/



h. Page 4		al director,	filed with	1
urs, ofter deat		b) e funero	d 2 shauld be	0
within 24 ha		letely filled in	s. Pages lan	fter death.
te be executed		ian and camp	carban paper	bin 72 haurs a
death certifica		tending physic	please remave	any event, wit
uires that the		gned by the at	permit. Then	emaval, and in
: The law requ	ng physician.	e has been sig	burial-transit	ematian, or re
3 PHYSICIAN	ital ar attendi	this certificat	ar use as the	ar to burial, co
ATTENDING	by the hasp	ECTOR: After	be detached f	af Health pri
TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs, ofter death. Page 4	The may be retained by the haspital or attending physician.	TO FUNERAL DIR	oge 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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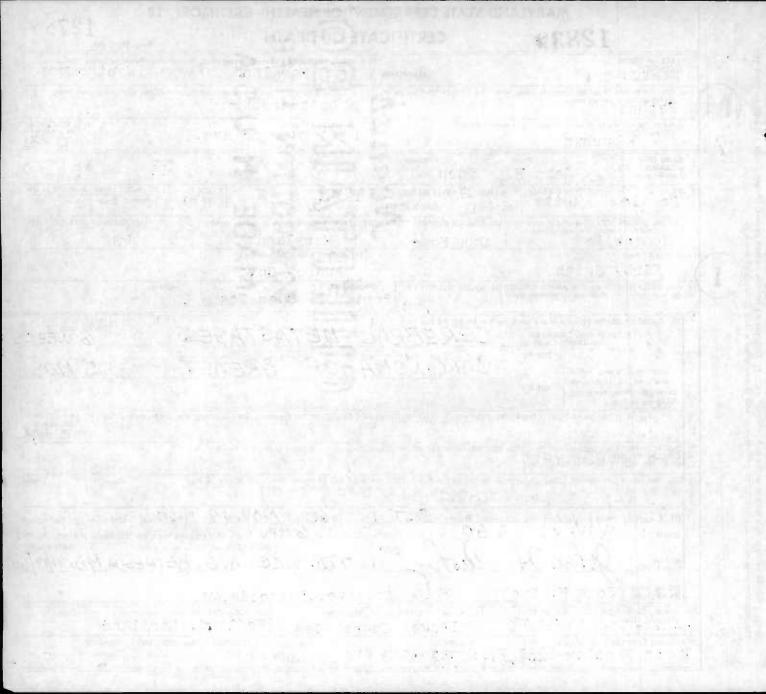
× ×	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY
ile d	Montgomery MARYLAND	o. STATE D.C.
e A	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
3	Bethesda 11 days	Washington
sha	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
7	Suburban	2700 Wisconsin Avenue, N.W. YES NO D
6	3. NAME OF DECEASED (Type or print) First Middle R	Lost 4. DATE Month Day Yeor
eat	S. SEY S. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
offer of	Level MA WIDOWED DIVORCED	11/19/74   lost birthdoy)   Months   Days   Hours   Min.
ape ors	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
d u	Retired Gov't Employee Claims Dept.	Nebraska U.S.A.
25	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ithi	Stitt	Maria Hanger
D to	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 19 (14 yes, give wor or doles of service)	NFORMANT Daughter Address Chevy Chase, M
0 0	No	s. George Horning, Jr. 5325 Kenwood Avenue
any	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	INTERVAL BETWEEN ONSET AND DEATH
g. E	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	heart failed 3uls
The	DUE TO	
	Conditions, if ony, which) (b) Megaland	ealentaselen 5 uks
may may	gove rise to immediate couse (a), stating the under-	
r de la company	lying couse lost. (c)	a lesiseles de fread desease.
n, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
i afia	CAT	YES NO
Page (	206. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Port I or Port II of item 18.)
al, a		
buri		LACE OF INJURY (Home, form, 20f. (City or town) (County) (State octory, street, office bldg., etc.)
2 0	Hour o. m.  p. m.  19 While Not while of work of work	
d fo	21. I certify that (I) (this hospital) attended the deceased from.	11/07 1960, to 11/17/60.19 that (1) (we) las
± ±	sow the deceased alive on 11/16 1960 and that	death occurred of AM, from the causes and on the date stated above
Hed	22g SIGNATURE	ATTENDING AND STAFF SIGNED
af a	Durand Haloy	M.D. ATTENDING DIRECTOR STAFF PHYS. 11/17/60
shauld e Board	22c. PHYSICIAN'S BENNANU. WALSH	1800 EVE ST. H. WD.C
e to	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
he St	Bur 11/19/60 Rock Creek	Cemetery Washington D.C.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D 8Y REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
(4) 59	Robert A. Pumphrey Bethesda, Ma	ryland DATE NOV 21 '60 arthur S. Kraus

on , when the late of the Constant Washington D. C. Bris. Swall rabasitally vering with the seed of

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		12839	CERTIFIC	CATE OF DEAT	Н	Reg. Dis	12600
Page director	1.	PLACE OF DEATH "MONTgomery	MARYLAN	2. USUAL RESIDENCE (V			e before admission) ntgomery
funeral aid be fi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) Bethesda	c. LENGTH OF STAY IN 1	Gaither		its, write RURAL ond g	ive nearest tawn)
b b d 2 short		d. NAME OF HOSPITAL (If not in hospitol, give street or institution Suburban	oddress)	d. STREET ADDRESS	mond Ave	•	e. IS RESIDENCE ON A FARM? YES NO
illed in	3.	NAME OF First DECEASED (Type or print)  Jean H.	oden Middle	Last	4. DATE OF DEATH	Month 11	Day 19 Year 60
d withir	5.	Female 6. COLOR OR RACE 7. MARR WIDOWE	IED NEVER MARRIED DIVORCED	1 10/15/20	last	1 1 1 1	YEAR IF UNDER 24 HRS. Days Hours Min.
ond compon papers and death.			kind of Business or in Own Home	Maryla	nd	U.S.	EN OF WHAT COUNTRY?
0 40	13.	FATHER'S NAME Kirby Smith		Audrey			
remarke carrificate by remarke carrificate by remarke carriforms of 72 hours off			SOCIAL SECURITY NO.	INFORMANT	en-Item#	Address 2	
w requires that the deal ician. sen signed by the attenconsit permit. Then pleo	N	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS C	CEREBRA	·	BREAS	T	S MOS.
CIAN: The lov trending physi ificate has be ificate burial-tr. n, ar removal,	AL CERTIFICATION	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCU	RRED. (Enter noture of injury is	Port I or Port II of i	tem 18.)	PERFORMED?
PHYSIO	MEDICAL	Hour o.m. While	Not while    Octobried   20e.	PLACE OF INJURY IHome, for foctory, street, office bldg., e	m, 20f. (City or tow	'n) (C	ounty) (State)
TAI ATTENDING retained by the haspite AL DIRECTOR: After thould be detoched for frar prior to burial, are		21. I certify that I attended the decease alive an NOV: 19 19  ACTUAL SIGNATURE PHYSICIAN'S John H. Tuohy	be and that dea	ath accurred at 600	PM, from the condition of the condition	auses and an the ty or town, stote) BETHESD	date stated above.  DATE SIGNED
HOSPIII agy be FUNER age 3 s ne regis	220	BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 11/22/60	22c. NAME OF CEMETER		22d. LOCATION (	City, town, or county) , Marylar	(State)
Q E Q = W VS A1S (4) 1SM 9/SB	64	FUNERAL DIRECTOR'S SIGNATURE LYSON Wheeler-1331 E. ROCKVI	ADDRESS Montgomer	240 PF	o by registrar V 2 1 '60	24b. REGISTRAR'S SIG	



CERTIFICATE OF DEATH
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HO	FUN PO	the State Board of Health prior to burial, cremotian, ar removal, and in any event within 72 hours ofter death.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 horaciter death. Page 4	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director.  So page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with	-	1
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	1. PLACE OF DEATH	4				O HIGH AL RECIDENCE WAY	4	tional IE impairment	an Paridana	hefere educated /
1	Montgome			MARY		2. USUAL RESIDENCE (Who o. STATE Ohio	ere deceased i	b. COUNTY	on: Kesidence	before damission)
)	b. CITY OR TOW	N (If outside corporate lim re nearest town)	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corporo	te limits, write R	URAL ond giv	ve nearest town)
	OR INSTITUTION	SPITAL (If not in hospital, ON aval Hospital	The state of			d. STREET ADDRESS	7	XX	-2	e. IS RESIDENCE ON A FARM? YES NO
,	3. NAME OF DECEASED (Type or print)	Fi	seph	Middle Vance		lost OGAN	4. DATE OF DEATH	Nove		Doy Yeor 1 19 60
	s. sex Male	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	-	DATE OF BIRTH 11-13-83	9	. AGE (In years lost bighday)		YEAR IF UNDER 24 HR
	100. USUAL OCCUP during most of OTTICET		done 10h	t-ad		11. BIRTHPLACE (Stole Ohio	or foreign cou		U.S	EN OF WHAT COUNTRY
	13. FATHER'S NAME Joseph I					14. MOTHER'S MAIDEN Nancy Jane		ns		
Ĩ	(Mas. no. or unknown)	EVER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.		ormant spital Record	ls	Add	ress	
	Canditions,	DEATH (Enter only one or DEATH WAS CAUSED BY: IMMEDIATE CAUSE (or if only, which o immediate ing the under- past.	BR CA	ONCHO PN	Evin	PROSTATE				ONSET AND DEATH
	A A ACCIDENT	WAS UNDERLYING I	ROS'	IS, GENER	RAL	OT RELATED TO THE TERMI			VEN IN PART	1(o) 19. WAS AUTOPS' PERFORMED? YES NO
	20c. TIME OF IN	ING CAUSE OF DEATH IFY MEDICAL EXAMINER)  IJURY Month, Day, Ye m.  19	1	NJURY OCCURRED Not while k ot work		CE OF INJURY (Home, form ry, street, office bldg., etc.		r town)	(Co	ounty) (Stole
	saw the dec	thot <b>X</b> ) (this hospital leased olive on <u>N</u> G	l) attend	ded the deceosed	from(	oct. 19 19 ath occurred at 4A		Nov. 1		O, that (we) los date stated above
	220. SIGNATUR	. De Boll	1 1	THE ISA	M.		ED. RECTOR	STAFF PHYS.		22b. DATE SIGNE 11-1-60
	22c. PHYSICIAN NAME (Typ	<b>10</b>		LT, MC, US		U. S. Nava	1 Hosp	ital, B	ethesd	a, Md.
1	Burial-shi	- 44	1.	23c. NAME OF CEME		,		on (City, town,		(State) Ohio
)	os. Gawle	r's & Sons,	1756	Penn. Ave.	College N.V		OBY REGISTR	00	STRAR'S SIGI	

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# funeral director, lould be filed with

requires that the death certificate be executed within 24 hours after death. Page

ATTENDING PHYSICIAN: The low

een signed by the attending physician and campletely filled in

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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12841	CERTIFICA	ATE OF DEATH	Re	eg. Dist. No.
1. PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where o. STATE MARYL M	b. COUNTY	Residence before admission)
RURAL and give nearest town)  SETHESDA	:. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	SDA WASHI	NGTON AZ 474
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION SANITARIUM	dress)	d. STREET ADDRESS 4845 Loug	HBORDRS. N	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First	DEPUE (	DEDEN 4	OF DEATH NCV.	Day Year 4 19 60
T W WIDOWED		APRIL 13,186		UNDER 1 YEAR IF UNDER 24 HRS anths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or NEW JE	foreign country)	12. CITIZEN OF WHAT COUNTR
DAVID A. DEPUE		DELIA H	NN SLOCUM	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO [Yes, no. of unknown]   Iff yes, give wor or dates of service)		NFORMANT EN. DAVID GG	DEN 4845	OUGHBORO RS N
1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (a), (b), and (c).	with Hear	Lisein	INTERVAL BETWEEN ONSET AND DEATH 3 4 40 -
Canditians, if any, which ) (b)	Semilet			12 400
gave rise to immediate code (a), stating the under-lying cause last.				
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	BE HOW INJURY OCCURRE	D. (Enter noture of injury in Part	I or Part II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJU While of work [	_ Nat while fo	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased alive on OCA 30 196	•	, 196 <b>8</b> , to <b>N</b>		nat I last saw the decease on the date stated abov
ACTUAL SIGNATURE SIGNATURE	Huan		DRESS (Street, city or town, state	

may be retain TO FUNERAL DE TO HOSPITAL VS A15 (4) 1SM 9/55

ADDRESS 816

22c. NAME OF CEMETERY OR CREMATORY

Huffman

George

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

23: FUNERAL DIRECTOR'S SIGNATURE

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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Orthur S. Kraus

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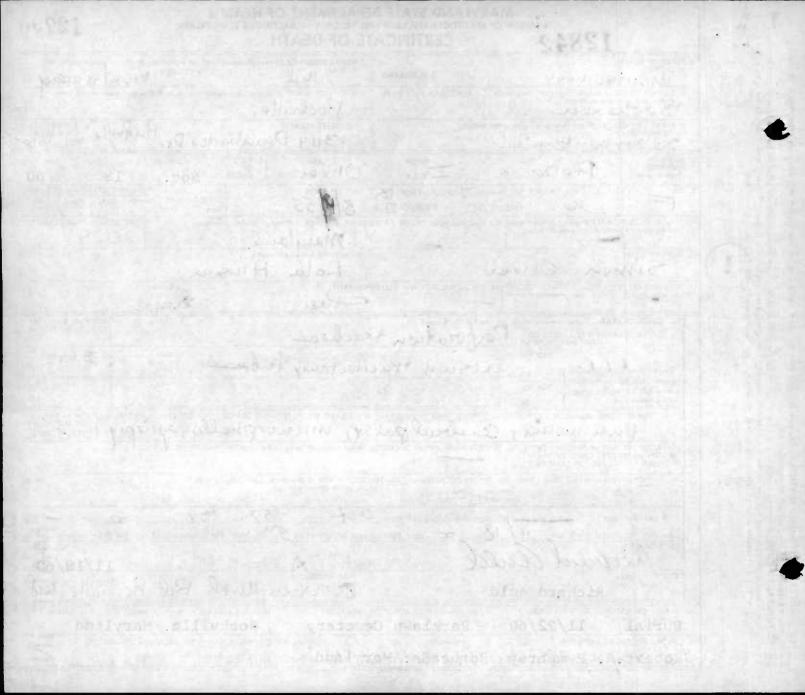
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 12842

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ETTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	by the haspital ar attending physician.	CTOR: After this certificate has been signed by the attending physicion and completely filled in by	s detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with	f Health prior to buried cremation or removal and in any event within 20 hours after death
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TTENDING PHYSICIAN: The low requires that the death certificate be exec	X may be retained by the haspital ar attending physician.	JNERAL DIRECTOR: After this certificate has been signed by	page 3 should be detached for use as the burial-transit permit. Then please remove corban page	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hou	
OL VR	E AI	OL 5	d (4)	th	

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odr o. STATE b. COUNTY	mission)
b. CITY OR TOWN (If outside corpo(ote limits, write RURAL ond give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to	own)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION SO DUY bau. Hospital	13114 Dumbarton Dr. Mackville YES	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print) ReDecca TXLS	Oliver 4. DATE Month Doy OF DEATH NOV. 18	Yeor 19 60
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF PRTH SIN 55  9. AGE (In yeors   IF UNDER 1 YEAR IF UI   Months   Days   Hau	
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	May and U. S	AT COUNTRY?
13. FATHER'S NAME "SIMON Oliver	Lola Huson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [If yes, give war or dates of service]	NFORMANT Address Father- Same	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any which gove rise to immediate cause (a), stating the under-lying cause lost.  (b)  DUE TO  DUE TO  (c)	- Cachea - 7.6	ND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PREMIUM A CONSTRUCTION TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PRINT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTR	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. W. PEI SY, MIC TO CE Puelly PILEPS Y YES  TO CENTER Nature of injury in Part I or Port II of item 18.)	REORMED?
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.) (City ar tawn) (County)	(State)
220. SIGNATURE	death accurred at 50 M, fram the causes and an the date state of the physical Address and	, , ,
23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O PARKLAWN C	Cemetery Rockville, Maryland	Stote)
Roberton Ang union rest sometimes address Roberton Ang union rest sometimes and rest	DATE NOV 2 2 160 Coilag & Kraus	4



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

death. Page 4

(	PLACE OF DEATH COUNTY Montgomer	У		MARYL		usual RESIDENCE (Was STATE Virginia	/here decease	d lived. If institution b. COUNTY	n: Residence	befare admi	ssion)
	RURAL and give n	If autside carporate limits, earest town) (Rural)	write c. I	14 days	V 16	c. CITY OR TOWN (If Calverton	outside corpo	orate limits, write RU	RAL and give	nearest tax	wn)
	OR INSTITUTION	TAL (If not in hospital, give al Hospital	street addr			d. STREET ADDRESS		8	XE.	ON	SIDENCE A FARM? NO 🔀
- 1	NAME OF DECEASED (Type or print)	First Ray		Middle Albert		O 'ROARK	4. DATE OF DEATH	Noven		Day 4	Year 19 60
5. S	sex sale	6. COLOR OR RACE 7.				3-10-01		9. AGE (In years last birthday) 5Q yrs.	Manths Do	YEAR IF UNI	1
	. USUAL OCCUPATION	ON (Give kind of work dan			INDUSTRY	3	e ar foreign c	country)	12.CITIZE	N OF WHAT	COUNTRY
	Mariner	king life, even if retired)	II.	S. Navy		Virgini	a		U.S	S.A.	
_	FATHER'S NAME	PARTY INSE			1	4. MOTHER'S MAIDEN					
	Joseph Da	niel O'ROARK				Margaret 3	Jane Si	TIDHAM			
15.	WAS DECEASED EVE	R IN U. S. ARMED FORCES		IAL SECURITY NO.	17. INFO	RMANT		Addre	955		
(	Yes	WWI & II	Non	ne	Hos	pital Recor	rds				
	Conditions, if a gave rise to couse (a), stating lying couse last.	the under-	Ca	icin	on	n de	lus	3	6	) m	oa.
CERTIFICATION		HER SIGNIFICANT CONDIT							N IN PART I	PERF	ORMED?
	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBI	E HOW INJURY OC	CURRED. (E	inter noture af injury in	Port I ar Pai	rt 11 af item 18.)			
MEDICAL	20c. TIME OF INJUI Haur o. m. p. m.	RY Manth, Day, Year 19	While	Nat while at work	PLACE foctory	OF INJURY (Hame, far , street, office bldg., e	tc.)		(Cou	inty)	(State)
	saw, the decea	at (I) <b>MAXIX SECURITY</b> of seed alive an NOV		the deceased f	ram.Au hat dea	gust 22 6:0	960 .ta_ D5AM M, from	Nov. 4	19.60 d an the c	date state	d abave.
	22a. IGNATURE	liam V	13	aber	M.D	PHYS.	MED. DIRECTOR	STAFF PHYS.		11-1	P25, DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	*****	D AVEND	T	* * CONT	22d. ADDRESS	3 71			. 144	
		William P.						spital, Be			
23a	REMOVAL Specify	23b. DATE THEREOF	23	Arlingto				ITION (City, town, a ington		irgini	ate) La
24.	FUNERAL DIRECTOR	-1. (0000-11)		ADDRESS		Va. 25a. REC	O'D BY REGIS	TRAR 25b, REGIS	TRAR'S SIGN	IATURE	
T	ves Funer	al Home 284	7 Wil:	son Blvd.	.Arli	ngton. DATE N	OV 7 "	60	11 - 0 1		

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# MARYLAND STATE DEPARTMENT OF HEALTH 1284 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12792

1. PLACE OF DEATH		MARYLAND	a. STATE	b. COUNTY	an: Residence before admission)
	ontgomery		Mary]		Montgomery
b. CITY OR TOWN RURAL and give	(If autside carporate limits, write nearest tawn)	c. LENGTH OF STAY IN 16	CITY OR TOWN (IF	outside carporate limits, write R	URAL and give nearest tawn)
	mac(Rural)		Chevy (	Chase	
d. NAME OF HOSP	ITAL (If not in haspital, give stre	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Ropine	Nursing Home		) 4214 Th	normapple St	reet YES NO 2
3. NAME OF	First	Middle	Last	4. DATE Mon	oth Day Year
(Type or print)		E		OF	/
	JOSEPH		O'TOOLE	DEATH Novemb	er 29 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS
5. SEX	6. COLOR OR RACE /- MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Hours Min.
Male	White wido	WED DIVORCED	Oct. 15, 1	.891 69 yrs.	1 14
10a. USUAL OCCUPAT	ION (Give kind of work dane 10 orking life, even if retired)	Db. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
	ev-retired	Law	Delawa	ire	US
3. FATHER'S NAME	0, 1001100	234411	14. MOTHER'S MAIDEN I		
Patri	ck O'Toole		Ellen F	i andan	
		16. SOCIAL SECURITY NO. 17, II	NFORMANT	Tardell	rate
(Yes, no, or unknown)	(If yes, give war ar dates of service)				
No	5	77-10-6479   K	Catherine H.	O'Toole-wi	fe-same 2d
1B. CAUSE OF DE	EATH [Enter anly one cause per	line far (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DE	EATH WAS CAUSED BY:	CARLOST	Jacker	2	ONSET AND DEATH
33	IMMEDIATE CAUSE (a)  DUE TO	Commission	1		
		0 1	1 00-	let and Pre	
Canditians, if		elelivor	ily with	and have	District & Children
cause (a), stating		D 1 4	- 1		18
lying cause last	(c)	Cuelloan	evorelie	<u>.</u>	10 700
PART II. O	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
¥.	while I	I B000	-1		YES NO P
20g. ACCIDENT V	VAS UNDERLYING   20b. D	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 1B.)	
20g. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTIF	IG CAUSE OF DEATH				
			ACE OF 11-11-15V (11	loor con	40
20c. TIME OF INJU		La La	ACE OF INJURY (Home, farm ictary, street, office bldg., etc		(County) (State)
p. m.	10	vark at wark			
21 I cartify th	at (1) (this hasnital) atta	nded the deceased fram.	Jan 10	Con More 2!	8 , 180, that (I) (we) last
			101	600	nd an the date stated above
22a. SIGNATURE	ased drive and I was	and that	dearn accurred av	m, from the causes ar	an the date stated above.
22d. SIGNATURE	111/ Bla	m	ATTENDING M	ED STAFF _	SIGNED
100	Myluna	1		ED. STAFF PHYS.	11/29/60
22c. PHYSICIAN'S NAME (Type)	WHO	KILLAY	22d. ADDRESS  /6 \$ 2 5	FAILS 1	d Rockulla
23a. BURIAL, CREMATI		23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town,	ar caunty) (State)
REMOVAL (Specif		Deale Ones!	Cometer	Machineta	n D C
BUT1AL 24. FUNERAL DIRECTO	12/3/60	Rock Creek	Cemetery	D BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
			The second secon	050 0 100	
Robert A	. Pumphrev	Bethesda, Mar	CVLAND DATE	(	arthur S. Thomas

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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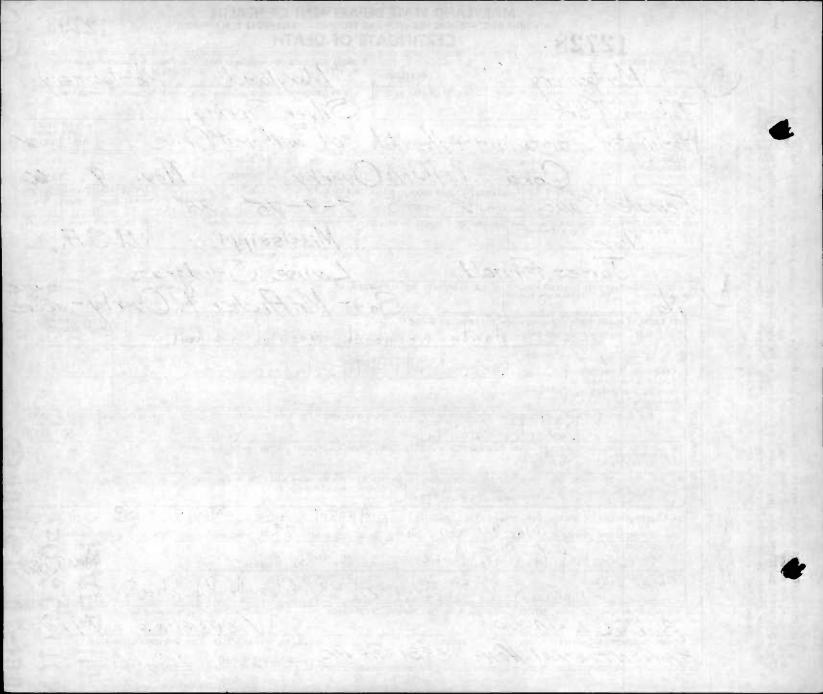
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	in by	and 2	(	)
	CTOR: After this certificate has been signed by the attending physician and campletely filled in by etfoneral directar,	e detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with	if Health priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.	
by the haspital ar attending physician.	fter this certificate has been signed by	d far use as the burial-transit permit.	priar ta burial, crematian, ar remaval,	
by the hi	CTOR: A	e detache	f Health	

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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with	
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O HO	may be retained by the haspital ar attending physician.	O FU	page	the State Board of Health priar to burial, cremation, or removal, and in any event within 72 hours after death.
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VR A1S (4) 15M 9/S9

	) 0	b. COUNTY Maritagriery MARYLAND C. STATE Maryland b. COUNTY Moritagriery
	1	b. CITY OR TOWN (If outside corporate limits, write 2007)  C. LENGTH OF STAY IN 16  C. LENGTH OF STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ANOTHER DEVITE:
-	1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  ON A FARM?  YES   NO IN
2	(	NAME OF DECEASED (Type or print) Cora (NIMIN) Overby Lost NOTE NOTE DEATH NOV. 9 1960
	5. 5	Female Cauc WIDOWED DIVORCED 7-9-75 Carpbirthey) Months Days Hours Min.
		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  ### 12. CITIZEN OF WHAT COUNTRY?  ### 12. CITIZEN OF WHAT COUNTRY?  ### 14. MOTHER'S NAME    14. MOTHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. CITIZEN OF WHAT COUNTRY?
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
1	(Yes	18. CAUSE OF DEATH [Enter only one cause per line for [a], (b), and (c).]
	7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cerebral Vascular acident  Conditions, if any, which gave rise to immediate couse (a), stoting the under-lying couse last.  ONSET AND DEATH  Vascular acident  ONSET AND DEATH
	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	AL CERTIFI	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m.  p. m.  19  20d. INJURY OCCURRED While at wark at
		21. I certify that (I) (this hospital) attended the deceosed from August 1960, to Nove 9, 1960, that (I) (we) last sow the deceased alive an Nove 9, and that death occurred at 7 M, from the causes and on the dote stated above.  220. SIGNATURE SIGNATURE M.D. ATTENDING MED. STAFF PHYS.   ATTENDING MED. STAFF PHYS.   Nov. 9, 1960
		22c. PHYSICIAN'S Bennet A. Porter, Jr., M.D. 22d. ADDRESS Glesville Rd., Silver Spring, Md.
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
	14.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  AND PRODUCTION SIGNATURE  250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE  DATE NOV 1 6 '60  Outhur S. Human



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12845 CERTIFICATE OF DEATH

12794

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY a. COUNT MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM YES NO NAME OF 4. DATE Middle Last Manth Year DECEASED OF DEATH (Type or print) 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED last birthday) Months Days DIVORCED | WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one cause per line fay (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE-CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO D 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year (Caunty) factory, street, affice bldg., etc.) Nat while at wark at wark 21. I certify that I attended the deceased from March 19 Chat I last saw the deceased A, and that death accurred at 1220 PM, from the causes and an the date stated above. alive an\_ ADDRESS (Street, city ar tawn, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar caunty) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRÁR'S SIGNATURE arthur S. Thous

VS A15 (4)

AND MANES OF THE STATE OF THE S · A 2015年 11 2015年 1 The state of the second st 

FOR STATE HEALTH DEP TO DEPUT: EXIDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any despectables execute the certificate, writing the word "pending" in pencil In Item 18. Give Pages 1, 2, and 3 to the funer intentor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1274. MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2795

	1. PLACE OF DEATH a. COUNTY.	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
1	menta many MARYLAND	a. STATE md b. COUNTY ments
41	b. CITY OR TOWN (il out de corporete limit, write, RURAL and girl neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negress town)
4	write RURAL and girl neerest town)	X K
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS   I o. IS RESIDENCE
	10	ON A FARM?
	3. NAME OF First Predd Dr.	4303 Brothe field in YES NO IN
	DECEASED	Last 4. DATE Month Day Year OF
	(Type or print) alex I for Vapan	icolas DEATH NOV 9 1960
1	5. SEX 6. COLOR OF RACE T MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   House   Min
-	made White WIDOWED DIVORCED .	10-8-1923 37 yrs. Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	Salesman June	NV W.S.C.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Of Chair	Bank 7
	16. VAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
	(Yes/no, or unkown) (Ifyes dive weror dates of service)	
7	YES WW 2 UNKNOWN // K	orie Vaganicolas (wife) Thim I
	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) Conary	occlusion sudden
	HAD DUE TO	
	Conditions, if any, which (b)	
	gave rise to immediate cause (a), stating the underlying  DUE TO	
	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
O	OL VI	PERFORMED? YES NO X
	208. EXTERNAL CAUSE WAS   206. DESCRIBE HOW INJURY OCCURED. (E)	nter natura of injury in Part I or Part II of Item 18.)
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  208. DESCRIBE HOW INJURY OCCURED. (EI	
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
я	Hour a.m. While Not While at work et work	ry, street, offica bidg., etc.)
	21. I certify that I took charge of the remains described above, hel	d an Autopsy . Inspection . Inquiry . and in my opinion
	death resulted from: Natural causes X, Accident , Suici	
		CHIEF MEDICAL EXAMINER
7	ACTUAL TO A OF BANGER	
	SIGNATURE SHOWN MELHALL	M.D.
	EXAMINER'S FLANK & Broschent	DEPUTY MEDICAL EXAMINER A Addrass (Street, city, town, or county)
	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
	Burial 11/14/60 Arlington Na	at Cem Arlington Virginia
	23. FUNERAL DIRECTOR ADDRESS	248. REGIANY REGISTRAR   246. REGISTRAR'S SIGNATURE
	Robert A. Pumphrey Bethesda, Mary	yland DATE NOV 14 60 archur S. Kraus
		I DATE

VS. A15ME 5M 7/59

HYTASH TO THURSDAY STATE CHARLES AND IN THE PARTY The second records of the second agent tal godenitta (4) 1971 lamos Acity total - Virginia doner; A transport Metherda Maryland

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12796

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AL	ehain	IC JY	plant	Board	
SPIT	be r	NER/	3 54	tate	
OH C	may	D FU	page	the State Board of Health prior to burial, cremation, or remayal, and in any event within 72 haurs after death.	
TO HOSPITAL **ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	X» may be retained by the haspital ar attending physician.	15	oge 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shaul be med with		
15	M	9/	9		

		It	em 1	7 Film 27		6-60 et						1111		
9	LACE OF DEATH L. COUNTY Montgomery			MÄRY	LAND	2. USUAL RESIDENCE o. STATE Virginia	E (Wh	ere decease	d lived. If ins b. COU		Residence	before	admiss	on)
b. CITY OR TOWN (If outside carporate limits, write   c. LENGTH OF STAY IN 1b				c. CITY OR TOWN	V (If a	utside carpa	rate limits, wr	ite RUR/	AL ond giv	ve near	est town	)		
RURAL ond give negrest town) Bethesda (Rural) 147 days				North Ar										
	. NAME OF HOSPIT	AL (If not in hospital, giv	e street or			d. STREET ADDRE		80011		7		e	. IS RES	DENCE
1	J. S. Nava	l Hospital				4121 33r		load		8	XE.	-3		FARM?
	NAME OF DECEASED	First		Middle	100	Last		4. DATE OF		Manth		Day	)	ear
	Type or print)	Mar	У	Lassi	ter	PARISEA	U	DEATH	Nov	remb	er	24	1	9 60
5. S	EX	6. COLOR OR RACE	- MARRIE	ED NEVER MARRI	ED 🔲	8. DATE OF BIRTH			9. AGE (In y		UNDER 1	-	7	
F	emale	Caucasian	VIDOWED	DIVORCE		11-29-18			lost birthd	yrs. N	lanths [	Poys	Hours	Min.
-	USUAL OCCUPATIO	N (Give kind of work do			R INDUS	TRY 11. BIRTHPLACE	(State	ar foreign c	auntry)		12. CITIZI	ENOF	WHATC	OUNTRY?
	Housewife	ing life, even if retired)			_	Virg	ini	a.			U.S	S.A.		
13.	FATHER'S NAME	All 24				14. MOTHER'S MAI								
,	Robert R.	LASSTTER				Dearborn	TR	TTTTTT						
15.	WAS DECEASED EVE	IN U. S. ARMED FORCE		OCIAL SECURITY NO	. 17, IN	FORMANT				Address	100	-13		
(Yes	No No	If yes, give war or dates of serv	rice)		(H)	CDR Jos A.	d.	Paris	eau. US	SN.	same	as	#2	above
		TH [Enter only one caus	e per line	for (a) (b) and (c).	1 0							INTER	VAL BE	TWFFN
		TH WAS CAUSED BY:	-			ad estable med						ONSE	TAND	DEATH
	11	IMMEDIATE CAUSE (o) CAT CITIONIA, Dreast with me castasis												
		DUE TO												
	Canditions, if or													
	gave rise to it cause (o), stating	DITETO										1		
9-	lying cause last.	(c)_												
MEDICAL CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDI	TIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE	TERMI	NAL DISEAS	E CONDITION	GIVEN	IN PART		PERFO	NO [
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESC	RIBE HOW INJURY O	CCURRE	). (Enter nature of inju	ry in F	Part I or Por	t II af item 1B	.)				
CAL	20c. TIME OF INJUR	Y Month, Doy, Year	20d. IN.	JURY OCCURRED		CE OF INJURY (Home			ar town)	27/1	(Co	iunty)		(Stote)
AEDI	Hour a.m. p.m.	19	While at wark	Not while at work	toc	tary, street, affice bldg	g., etc.	.)						
<	Colored Billion	t (X) (this hospital)			from	July 1	_12	60 to_	Nov. 2	24	, 19 6	O, the	ot (A) (	we) last
	saw the deceas	ed alive on Nov	. 24	1960 , and	that d	eath accurred at	9:1	5PM M, from	the causes	and	on the	date	stated	above.
22a. SIGNATURE								STAFF PHYS.			1		DATE SIGNED	
	22c. PHYSICIAN'S	9 1	100			22d. ADDRESS	-	KECTOK [	11113.					
	NAME (Type)	D. L. KELLE	Y, T	T, MC, USN		U.S.N	ava	l Hos	pital,	Bet	hesd	a, 1	۷d.	
23a	BURIAL, CREMATIO	N, 23b. DATE THEREOF		23c. NAME OF CEM	ETERY O	R CREMATORY		23d. LOCA	TION (City, to	wn, or o	county)		(State	)
I	REMOVAL (Specify)	11-29-60		Arlingto	n Na	tional Cem	ete	ry /	Arlingt	on	V	lirg	ini	2
	FUNERAL DIRECTOR	S SIGNATURE ) MA	The state of	ADDRPSS				D BY REGIS	TRAR 2Sb.	REGISTR	AR'S SIGN	VATUR	E	
Tx	es Funera	1 Home : 284	7 W11	son Blvd.	.Arl	ington Va	TE N	OY 2 8	'60	0				

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12847 CERTIFICATE OF DEATH

12797

Reg. Dist. No.

The second						
1.	PLACE OF DEATH		2. USUAL RESIDENCE (WH	here deceased lived. If ins		efore admission)
	MON/ Comery	MARYLAND	MARY	LAND B. COO	P.6.	V
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN HE	outside corporate limits, wr	ite RURAL and give	nearest town)
L	CoLesville	7 MONTAS	SPABRO	ook.	ing	1604
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS	- 0.	01	e. IS RESIDENCE ON A FARM?
	14511 Colesulle ??		19400 JAN	VIA GRUZ	- 17	YES NO
3.	NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year
L	(Type or print) LORING	F.	PAUL	DEATH	ear /	4 196
5.	SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yellost birthd	ears IF UNDER 1 YE	AR IF UNDER 24 HRS
	MALE WHITE WIDOWE		JAN 29, 189	1 69	yrs.	75 HOURS MAIN.
10	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN	OF WHAT COUNTR
	KYTIRED EL	eckican	VA.			SA
113	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	7/7	
1	ALDERI F. 7/	704	EMMH	Rout	3/11	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. : es, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	P D	Address	
	No. 15	79-01-0289A	MIGRILA	D. TAUL		7 10 10 100
	18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY:	ne for (a), (b), and (c).]	/		l.	NTERVAL BETWEEN
	IMMEDIATE CAUSE (a)	1500	meny (	Farly	lin	5 mm
	DUE TO	7/	000-			
1	Canditions, if any, which (b)	Lane	aleyed -	rleur	deven	Fear
	casse (a), stating the under-					
z	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BE	IT NOT BELATED TO TUE TERM	INAL DISCASS COMPITION		Jan Mas Autoney
STA OFF	TAKE III. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BE	JI NOT KEDATED TO THE TEKMI	NAL DISEASE CONDITION	GIVEN IN PAKI ILO	PERFORMED?
SE	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESC	PIRE HOW INJURY OCCUPI	RED. (Enter nature of injury in I	Part I or Part II of item 18	1	YES NO
CERTIFICATION		and now moon occom	teb. (cine) natore of injury in			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN		PLACE OF INJURY (Home, farm factory, street, office bldg., etc.		(Coun	ity) (State)
MED	Hour a.m	Not while	actory, street, office olog., alc.			
. 9	21. I certify that I attended the decease	ed from	- P/A960, 10/	Erro 14, 19	that I last	saw the decease
	alive on tear 14 196	a and that dea	th occurred of	P.M. from the cause	es ond an the	dote stated obov
	0 : 01		19 15	ADDRESS (Street, city or to	own, state)	DATE SIGN
	ACTUAL SIGNATURE	(agen	M.D	Tenio	yell.	11-17-4
9	PHYSICIAN'S JOHN S. R.	OGYEN			Sal	
72	O. BURIAL CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, to	wa or country	(Chata)
	BURNOVAL (Specify) NOV. 17 1960	mT C	41197	W 414/	mi, or cooliny)	(State)
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS . / HA	- 1 240. REC'	D BY REGISTRAR 24b. I	REGISTRAR'S SIGNA	TURE
	shraltavulla 3	603 AT 1	DATE NO		anthun 8. K	

he funeral directar, should be filed with OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 .5 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h may be retailed by the haspital or attending physician.

TO FUNERAL DARECTOR: After this certificate has been signed by the attending physician and campletely filled it page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 of the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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manual control of the second second disease.	,,,	
	10000	F L. V CHANN

after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havy

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12848 CERTIFICATE OF DEATH 12798

	LEGTO	CEKTIFICA	AIE OF DEAIR	1		Reg. Di	st. No.		
PLACE OF DEATH     O. COUNTY	ontgomery	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryla	-	l lived. If institution b. COUNTY	an: Resider			ian)
RURAL and give			c. CITY OR TOWN (If o	(Ru		URAL and	give nec	arest town	)
	hesda ITAL (If not in hospital, give stree Suburban Hosp		d. STREET ADDRESS	(Kui	lar)	Mile.			TDENCE FARM?
3. NAME OF DECEASED (Type or print)	First Lillian	Middle Ada	Lost Peters	4. DATE OF DEATH	Novemb		Da		Year 1960
5. SEX Female	White WIDON	WED 🚨 DIVORCED 🗌	February 6,	1876	9. AGE (In years last birthday) 84 yrs.	IF UNDER Months	Days	Hours	R 24 HRS Min.
100. USUAL OCCUPAT during most of wa Homen	rking life, even if retired)	b. KIND OF BUSINESS OR INDUS	Maryland	or foreign co	ountry)	12.CIT	USA	WHATC	OUNTRY
3. FATHER'S NAME	Thomas Collie	er	14. MOTHER'S MAIDEN N Martha Bo						
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	None	(Nepher		805		Ave	. Ro	ckvi
Conditions, if a gove rise to couse (o), stoting lying couse lost	immediate DUE TO (c)	typertenin	sin Condro	nh	ago enlaide	iasia	7	O A	1 a
20g. ACCIDENT W	TAS UNDERLYING 20b. DE CAUSE OF DEATH  A SUNDERLYING 20b. DE CAUSE OF DEATH  MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	NOT RELATED TO THE TERMI			EN IN PAR	RT 1(o) 1	PERFO YES	AUTOPSY RMED? NO D
20c. TIME OF INJU Havr a. m. p. m.	Whil	L.	ACE OF INJURY (Home, farm tory, street, affice bldg., etc.		or town)	((	County)		(State
alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		vcett	occurred at 12:300	ADDRESS (SH wills Bays	the causes an reet, city or town,	d on the	ost sav e date	stated	eceased abave signer
Burial, CREMATIO		Darnestown		110	ion (City, town, castown,		yla	nd (Stote	e)
Robert A		ADDRESS Bethesda, Mar		D BY REGIST		STRAR'S SI			

DATNOV 1 5 '60

Cathun S. Kraus

TO HOSPITA VS A15 (4) 15M 9/5B Domination of the property of the rest of the second A trained to a trained a Better of the form of the form

VS A15 (4) 1SM 9/SB

death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1
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12849

# **CERTIFICATE OF DEATH**

Reg. Dist. No. 2799

	a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution:	Residence befare admission)
	Montgomery	MARYLAND	New York b. COUNTY	
	b. CITY OR TOWN (If autside carporate limits, wr RURAL and give neorest town)	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RUR)	AL and give nearest town)
	Rural, Rockville	31111 1 2 day	Bronxville 8	7 X -3
T	d. NAME OF HOSPITAL (If not in haspital, give str OR INSTITUTION	reet address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	Waverley Sanitariu		23 Cassilis Ave.,	YES NO
\ [	B. NAME OF First	Middle	Last 4. DATE Manth	Day Year
	(Type or print) Katherine		Peugnet OF DEATH	14 1960
		ARRIED NEVER MARRIED		UNDER 1 YEAR IF UNDER 24 HRS.
	Female White wide	OWED DIVORCED	July 16,1870 0/20.	Manths Days Hours Min.
	Oa. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU		12. CITIZEN OF WHAT COUNTRY?
	Housewife		New York City, N. Y.	USA
I	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	George B. Robinson		Lilla Bryan	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [1] (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	NFORMANT Address	1 11 0 %
L		4	our villiam 14110	opposite with
ľ	1B. CAUSE OF DEATH [Enter only one cause p	er lige far (a), (b), and (c)	2 A Cocker Chine	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY:	Bilaters 1	sonder I neumonia, les	mind lesol
	332 DUE TO	2 1 1	0 00	1/
1	Canditians, if any, which ) (b)	Corebral Th	imbosis	Tmo
I	gave rise to immediate cause (a), stating the under-	0	00000+ 1	1 11/10
1	lying cause last.	generalized	o certal arlenosod	prose 15 VK
ı	PART II. OTHER SIGNIFICANT CONDITIO	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS ANTOPSY
I	PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH Of Either, NOTIFY MEDICAL EXAMINER		병역 내내가 보고 있는 것 같은 때	YES NO
1	20b. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Part II af item 18.)	
1		f-	ACE OF INJURY (Hame, farm, 20f. (City ar tawn)	(Caunty) (State)
	p. m. 19 at	hile Not while wark at wark	J. S.	
	21. I certify that I attended the dec	eased fram act 2	3, 1960 to how 14, 1960h	at I last saw the deceased
1	alive an her- 13		accurred at 2:5 A.M. fram the causes and	
ı	11 11	11-1	ADDRESS (Street, city or town, sta	
ı	SIGNATURE House H	West 15 /2	40/852 Columbia Re	1 21W
ı	///	110/1-	TA 11	
I	PHYSICIAN'S HORA CE	H. C42112	JR WASH 7	D.C.
-	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or o	county) (State)
	REMOVAL (Specify) Removal 11-15-196	Noodlawn	emetery New York, N.	Υ.
1	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS O DU	240. REC'D BY REGISTRAR 246. REGISTR	AR'S SIGNATURE
	Joseph Dawlers Jons, &	5.1756-1a. Mul.	NW. DATE NOV 1 5 '60 Cus	un S. Thomas

Buch stay Love Pallery Wilderholl peter

(State)

# MARYLAND STATE DEPARTMENT OF HEALTH 1269 PIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		エクリリン		CERTIF	ICAIL	OF DEATE					
1.	PLACE OF DEATH a. COUNTY	MONTGOMERY		MARY		USUAL RESIDENCE (W	/here decease	d lived. If institution b. COUNTY	n: Residence	befare od	mission
	b. CITY OR TOWN RURAL and give SILVER	(If autside carporate limits nearest town) SPRING	, write	c. LENGTH OF STAY  7 months		E. CITY OR TOWN (IF		orate limits, write RU	JRAL and giv	nearest 1	fawn)
	d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, give 2009 GRACE	CHUR(	oddress) CH ROAD		d. STREET ADDRESS 645 G	St., 8	S. E.		0	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type ar print)	FLORENCE		Middle GOLDIE	PFE	Lost IFFER	4. DATE OF DEATH	NOV .	th	Day 18	Year 19 60
5.	FEMALE	TITLE COUNTY	7. MARR	NEVER MARRIE	7	11/86		9. AGE (In years last birthday) yrs.		YEAR IF U	INDER 24 HRS.
100	during mast of wo	TION (Give kind af wark darking life, even if retired)	ane 10b.	KIND OF BUSINESS O			e ar fareign o		U.S		AT COUNTRY?
13.	JOHN W.	THOMPSON			14	MARY JAN		LEN			
	. WAS DECEASED EN es. no. or unknown) NO	VER IN U. S. ARMED FORC	vice)	SOCIAL SECURITY NO		MANT Louise P. N	/cKenna		race C	hurch	Rd.
		EATH [Enter only one coule EATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO	se per lin	ne for (o), (b), and (c).	Cori	mary	Oc	chisio	er Spr	ONSET A	L'BETWEEN AND DEATH
	Canditions, if gave rise to couse (a), statin lying couse las	g the under-		Merro	ache	rolla /	Jean	disia	el.	8	- Jewa
CERTIFICATION	PART II. O	THER SIGNIFICANT COND	OITIONS C	CONTRIBUTING TO DE	ATH BUT NO	RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	EN IN PART	PE	AS AUTOPSY ERFORMED?
CERTIFI	20g. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING DISTRIBUTION OF DEATH OF MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (E	nter nature af injury in	Part I ar Pa	rt II af item 18.)			
MEDICAL	20c. TIME OF INJU Haur a. m p. m	. 10	20d. II While at war	NJURY OCCURRED  Nat while  at wark		OF INJURY (Hame, far street, affice bldg., e	rm, 20f. (Cit tc.)	y ar tawn)	(Co	iunty)	(State)
		nat (I) (this hospital) ased alive an 10	attend	. / /	/	1 30 1 10 h accurred as 1	954 ta				(I) (we) last
	22a. SIGNATURE		13.	and	( M.D.	ATTENDING	MED.	STAFF	o dii iiio	11/	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)		R	An. 10	MD	22d. ADDRESS	301 C	vlesvi	lle	Ros	di,

23c. NAME OF CEMETERY OR CREMATORY

SILVER SPRING, MD.

ARLINGTON NAT'L. CEMETERY

DATE

23d. LOCATION (City, tayer, or county)

ARLINGTON, VIRGINIA

25a. REC'D YEQS RAGO 25b. REGISTRAE'S SIGNATURE

director, filed with funeral may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by Pages 1 event, within 72 hours after death. Then please remove carbon papers. page 3 should be detached for use as the burial-transit permit. the State Board of Health priar to burial, cremation, or remaval,

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

fter death. Page'4

TO HOSPITAL VR A1S (4) 1SM 9/59

BURIAL, CREMATION,

23b. DATE THEREOF

11/22/60

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	remarks and the second
man to the control of	
Here S. In and Thomas Laborator	

after death. Page 4

TO HOSPITA VR A15 (4) 1SM 9/59

	14	0.04		ERTIFIC	ATE OF	DEATH	1				. O . I.
1. P	LACE OF DEATH . COUNTY Montgom	ery		MARYLAND	2. USUAI o. STA	RESIDENCE (W	here deceased ct of C	lived. If institute olumbia	on: Residence	before ad	mission)
b	CITY OR TOWN (If outside RURAL and give neorest low Betnesda (Ru	corporate limits, w	rite c. LENGT	H OF STAY IN 16		or town (If shingto		ote limits, write R	URAL ond gi	ve nearest t	own)
0	OR INSTITUTION U.S.	in hospitol, give s Naval Hos		ethesda	1	eet address 36 Nept	une Ave	nue	616	OI	RESIDENCE N A FARM? NO A
	IAME OF DECEASED Type or print)	Imogene Imogene	Frances	Middle Phelps		Last	4. DATE OF DEATH	Novembe		Doy 11	19 <sup>60</sup>
s. s Fe		or or race 7.	MARRIED A NE	VER MARRIED [	B. DATE OF			9. AGE (In years last birthdoy) yrs.		YEAR IF U	NDER 24 HRS. urs Min.
10a.	USUAL OCCUPATION (Give during most of working life, Housewife	kind of work done even if retired)	10b. KIND OF E	USINESS OR INC		RTHPLACE (SION	_	untry)		EN OF WH	AT COUNTRY?
13.	FATHER'S NAME				14. MOT	HER'S MAIDEN	NAME				
	William Doan				Ed	na Cour	son				
	WAS DECEASED EVER IN U. S	. ARMED FORCEST	16. SOCIAL SE	CURITY NO. 17	INFORMANT			036 Neps	aune A	VO	4 1 1 1 1
Yes.	NA (If yes, give	war or dates of service	NA NA	1	ouis R	. Phelp	s (h) W	Vashingto	on. D.	C:	
H	18. CAUSE OF DEATH [Ent	er only one couse	per line for (o), (	b), and (c).]						INTERVA	BETWEEN
	PART I. DEATH WAS	CAUSED BY: (ATE CAUSE (o)	CONGESTI	VE HEART	FATLU	RE.				1 0 /	ND DEATH
	410 MMEDI	DUE TO								140 111	101.5
	Conditions, if ony, which	F	RHEUMATI	C HEART	DISEAS	e (Mitr	al Insu	ifficien	cv·)	8 V	ears
	gove rise to immedia	le ( DUE TO		AND	2.022.0					0 10	1019
	Lying couse lost.	<u>r-</u>	HEPATITI							2 187	
ATION	PART II. OTHER SIGN	1-7			UT NOT RELA	ED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART	PE	AS AUTOPSY RFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	SE OF DEATH	. DESCRIBE HOW	/ INJURY OCCUR	RED. (Enter no	ture of injury in	Port I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJURY Month Hour o. m. p. m.		20d. INJURY OCC			URY (Home, for office bldg., e		or town)	(C	ounty)	(Stote)
	21. I certify that (I) (the saw the deceased alive						60 , ta	11-1; the causes an			l) (we) last
	220. SIGNATURE	sm.	mu	na			MED.	STAFF PHYS.		-11-60	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) James	s M. You	LT (	MC USN	22d.	S NAVA	L HOSPI	ITAL BET	HESDA	мр	
23a.	BURIAL, CREMATION, 236.	DATE THEREOF	23c. NA	AE OF CEMETERY	OR CREMATO	ORY		ION (City, town,			Stote)
p	REMOVAL (Specify)	t 11-13-	60	1			Sa	lem	I	llino	is
24-	CHERAL PIRECTOR'S SIGNA	TURE ZII	111000	963511		2So. REC			STRAR'S SIG	NATURE	M H &

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	manisa dampsina 781. s. ci	100 (20) 22 (12)	Vense M. Y.	
micanica		1		

1.	PLACE OF DEATH					2. USUAL RESID	ENCE (Whe	re deceased	lived. If institution	on: Reside	nce befo	re admissi	on)
	Ment	gomery		MARY	LAND		Maryla	and		Mont	come	rv	
8	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY	- 11	c. CITY OR T	OWN (If ou	tside carpora	ate limits, write RI	JRAL and	give ne	grest town	)
	Beth			3 day	S	76	Bethes	eńs.					
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	address)		d. STREET A			VE TO S			. IS RESI	DENCE
	OR INSTITUTION Subu	rhan Ho	spit	al		8130 01	d Geor	rgetow	n Rd				FARM?
3.	NAME OF	Fir	st	Middle		Los	1	4. DATE	Mon	th	Do	v )	'eor
	DECEASED (Type or print)	Wal	ter			Qu	1717	OF DEATH	Novembe		2		9 60
S. :	SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIE	D   B.	DATE OF BIRTH	1	9	. AGE (In years last birthday)			IF UNDE	
]	Male	White	WIDOW	ED DIVORCE		August	21. 18	383	77 yrs.	Months	Days	Hours	Min.
10c	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPL	ACE (State o	r foreign cou	intry)	12. CIT	IZEN O	WHATC	OUNTRY?
	Retired Work	ing life, even if retired	Sc	hool teach	er	Penn	sylvar	nia		U.	S.A		
13.	FATHER'S NAME		3'- 11	1135		14. MOTHER'S	MAIDEN N	AME					
1	Pat	rick Qu:	inn			Ell	en Hol	Lmes					
		IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. INF	ORMANT	U74 .		Addi	·ess			
(10	No (	If yes, give war or dates of so	18	9205679	Joh	n F. Qu	inn, s	son	S	ame a	a sab	ove	
		TH [Enter anly one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	110	ne for (a), (b), and (c).	]	81	De me					ERVAL BE	
	420	DUE TO	1.0-0	of four	141/14	y co	1000						
	Condition it as	- 0	110	15-1-1	f	. Klens	1 De	rear	0		7/		
	Conditions, if an gave rise to in	nmediate		reservate.	216	19-00	7700	20-12-	1		-		
	couse (a), stating t	he under- DUE TO	6	11	10	-	1-		1				
z	lying couse lost.	) (c	DITIONIC	CONTRIBUTING TO DE	ATU DUT N	A PELATED TO	THETEDIAL	MET	CONDITION GIV	ENI INI DAI	DT 1/-> 1	D WAS	LITORCY
CATIO	PART II. OTH	EK SIGNIFICANI CON	DITIONS	LONIKIBOTING TO DE	AIN BUIN	IOI KEDATED IC	INCIEKMIN	AL DISEASE	CONDITION GIV	EN IN FA	K1 1(0)	PERFO	RMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture a	injury in P	art I or Port I	II of item 18.)				
	20c. TIME OF INJURY		204 11	NJURY OCCURRED	20a PI A	E OF INJURY I	Home form	20f (City o	ne town)		(County)		(Stote)
MEDICAL	Hour a.m.		While	Not while	focto	ory, street, office	bldg., etc.)	1201. (City C	J. 10 WIII,		(Coomy)		(31016)
×	p. m.	19	ot war	k ot wark		,,	,	1		,			
	21. I certify tho	(I) (this hospital	) ofteno	led the deceased	from	9/16/	195	3, to	11/28	194	e. 11	at (1) (	we) lost
	sow the deceos	ed alive on	122	1960, and	that de	ath occurred			he couses an	d an th	e dote	stated	obave.
	22a. SIGNATURE	170		~		148							. DATE
	111	-/. X6	-	· CC	M	.D. PHYS.	A DIR	ECTOR [	STAFF PHYS.			111	SIGNED
	22c. PHISICIAN'S	/		1 1 1 1 1 1		22d. ADDRE							1
	MAME (Type)	W. O. J.	DYCE			8106	Map	le Ri	dge Rd	. ,Be	the	sda,	Md.
230	BURIAL CREMATION	N, 23b. DATE THEREC	)F	23c. NAME OF CEM	FTERY OF	CREMATORY	T	23d LOCATE	ON (City, town,	or county)		(State	1
Bi	REMOVAL (Specify)		28-6			Cemet			ondale	,,			21
24			20-0	ADDRESS	36 3	oeme (							
24.	ROB ERT	A. PUMPHI	REY	Betheso	la, M	1d.		BY REGISTR		SIKAKS S.	1.		

may be retain 3.5y the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by a funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

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STTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours

fter death. Page 4

TO HOSPITAL VR A1S (4) 1SM 9/59

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after death. Page 4 e funeral directar, should be fiked

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12804

		12740		CERTIF	ICAT	TE OF DEA	ATH						
1	PLACE OF DEATH	ONTGOMERY		MARY	(LAND	2. USUAL RESIDER o. STATE	NCE (Where		ed. If instituti b. COUNTY		nce before		on)
	b. CITY OR TOWN I	If outside corporate limearest town) CHASE	its, write c.	LENGTH OF STAY	IN 1b	CHEVY C		de corporate	limits, write R				
	d. NAME OF HOSPI OF INSTITUTION	TAL (If not in hospital, GNOLIA PARK	give street add	lress)		# 17 MAG		PARKW	AY	1			DENCE FARM? NO X
3	. NAME OF DECEASED (Type or print)	RALPH	rst	Middle W.		CHAR		OF DEATH	n ove	Λ.	28		9 6
9	MALE	6. COLOR OR RACE WHITE	7. MARRIED	NEVER MARRI		5/30/18	79		AGE (In years ast birthday)  81 yrs.	Months Months		Hours	R 24 HRS. Min.
	RET. GEOLO	ON (Give kind of wark king life, even if retired SIST	1)	ID OF BUSINESS O		TRY 11. BIRTHPLAC		foreign count	(Y)	12.C1T	US		DUNTRY?
)	3. FATHER'S NAME ALBERT R					14. MOTHER'S M.		A MOIN	TIRE				
	S. WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give war or dates of		CIAL SECURITY NO		MARIE D	EB. R	CHARD	Add S, <b>S</b> A	ress	5 # 2		
		the under-	o) O	Cou			7	Faile	ne			T AND	
0.00	3	HER SIGNIFICANT CON				NOT RELATED TO THE			the e	VEN IN PAR		PERFOR	NO 1
		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)											
0	20c. TIME OF INJU Hour o. m. p. m.	RY Manth, Day, Ye	While at work	Not while at work	foct	CE OF INJURY (Hoory, street, office b	ldg., etc.)				County)		(Stote)
	saw the decea	ot (I) (t <del>his hospite</del> sed olive on			1	eath occurred			causes or			stated	obove.
	22c. PHYSICIAN'S	chail )	Milne	mey.	Jack,	ATTENDING PHYS. 22d. ADDRESS			STAFF PHYS.	11-	28-	190	DATE SIGNED
2	NAMI CHA	ON, 23b. DATE THERE	RNEY 1	MD.  3c. NAME OF CEM CEDAR HI				d. LOCATION	(City, town,	or county)		(Stote	
1	A. FUNERAL DIRECTOR	'S SIGNATURE	1756	ADDRESS PA. AVE.		2:	4.75	Y REGISTRAR	25b. REGI	STRAR'S SI	GNATURE		

may be reto; by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in b page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the State Board of Health priar ta burial, cremation, ar remayal, and in any event within 72 haurs after death.

**ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL VR A1S (4) 1SM 9/59

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may be retained by the hospital or attending physician.

O FUNERAL CAECTOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 shauld be detached far use as the burial-transit permit. Then please remaye farbon papers. Pages 1 and the registrar priar to burial, cremation, ar remayal, and in any event within 72 have affected at.

TO FUNERAL

V\$ A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

1	6	0	11	0
		-		*

Reg. Dist. No.

-	1. PLACE OF DEATH 6. COUNTY Montgomer				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY					dmission)	
	b. CITY OR TOWN (If RURAL and give ner	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					town)
	Bethesda			8 days		Dunedin			48	X	2
1	d. NAME OF HOSPITA OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospital, give street address)			d. STREET ADDRESS			-	e. IS	RESIDENCE	
	The Clinica	1 Center,	Bethe	sda 14, Md	•	2233 Baywoo	od Dri	ve, West			S NO TO
	3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Mon	oth	Day	Yeor
1	(Type or print)	Willi		Warren		Richards	DEATH	Novembe	r	21	19 60
1	5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	0 🗆	B. DATE OF BIRTH		9. AGE (In years last birthdoy)			INDER 24 HRS.
1	Male	White	WIDOW	DIVORCED		September 19,	1897	63 yrs.	Months D	ays Ho	ours Min.
	10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OF	R INDU	STRY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZ	EN OF W	HAT COUNTRY?
1	Accountant		'	(Unknown)		New You	rk		I	S.A	
j	13. FATHER'S NAME					14. MOTHER'S MAIDEN N					
	Frederick	Richards				Marian Wel	ohe				
	15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. II	NFORMANT		Add	ress		
1	Yes, no. or unknown] (I	f yes, give wor or dates of s	ervice)	None	וידי	he Clinical Ce	enter	Betheed	2 71	Marri	land
1			use per lis	ne for (o), (b), and (c).]		ardiac Arrest		Deonesa	a 149		L BETWEEN
ı	PART I. DEAT	H WAS CAUSED BY:		ic for (o), (o), and (c).	U	arulac arrest		The owner.	3734	ONSET A	OUT
	11/	IMMEDIATE CAUSE (o								TH	our
		DUE TO	Rh	eumatic He	art	Disease, Ina	ctive	with cal	lcific		
	Conditions, if on gove rise to im	mediate	100			thickened in				alve.	
	cause (o), stating t					pid valve, ca					
	lying couse lost.	) (c	1								
ı	PART II. OTHI	EK SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMIN	NAL DISEASI	E CONDITION GIV	EN IN PART I	(o) 19. W	AS AUTOPSY REORMED?
1	5									YES	MO [
	PART II. OTHI	CAUSE OF DEATH AEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OC	CURRE	D. (Enter nature of injury in P	ort I ar Pari	II of item 1B.)			
		Month, Day, Yes			20e. PL	ACE OF INJURY IHome, form,	20f. (City	or town)	(Co	unty)	(State)
ı	Hour o. m.	19	While of world	Nat while	foc	tory, street, office bldg., etc.	)				
		at I attended the			on -	13 , 19 60 , to No	romber	27 10 60	1		
I	alive an Nove	mb om 01	deceds:	o rom <u>novemo</u>	G.L	12-, 12.00, 10.00	veimer	- 21, 19 <u>00</u>	!.,that I la	st saw t	he deceased
ı	dive du NOVE	moer zi	7/	DL, and that	death	accurred at 2:50	M, tron	<ol> <li>the causes of reet, city or town,</li> </ol>	ind an the	date st	toted abave.
1	ACTUAL	enno. K.	Vil	200	1						
1	SIGNATURE	oran K	1100	cop Irn	-	M.D. The Clinic	cal Ce	nter, Be	thesda	14,	Md
	PHYSICIAN'S BI	enson R. W	ILCOX	, M.D.		National :	Instit	cutes of	Health		
Ī	220. BURIAL, CREMATION	, 22b. DATE THEREC	F	22c. NAME OF CEME	TERY O	R CREMATORY	22d. LOCAT	ION (City, Iown, o	or county)	1	Stole)
	REMOVAL (Specify) Burial	11/23/6	50	Arlingt	on	Nat. Cem.		lington			
1	23. FUNERAL DIRECTOR'S	SIGNATURE /		ADDRESS		24g REC'D	BY REGIST		STRAR'S SIGN		a
	Robert A	Pumphy	У. Д	Bethesda,	Ma		10V 23		Irlhun S.		

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Tell Tracky Country Inc.	1207			Lairrei

# FOR STATE HEALTH DEPT.

necessary, please TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the firate, writing the ward "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should burforwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State for its designated agent, prior to burial, cremation, at remayal, and in any event within 72 hours after death. VS. A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12853 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		4	2	8	· or	3
Pag	Dist	No				

	2,0011	7 22 -0 - 7				A. 0101, 110.
PLACE OF DEATH			2. USUAL RESIDENCE	CE (Where deceased	lived. If institution: b. COUNTY	Residence before odmission)
Mo	ntgomery	MARYLAND	Man	yland		ontg.
b. CITY OR TOWN  If out	tside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corpor	ote limits, write RURA	L and give nearest town)
Bethesd		la hrs.		Bethesda		
	OR INSTITUTION (If not in h	ospitol, give street oddress)	d. STREET ADDRE			e. IS RESIDENCE ON A FARM
Suburb	an Hosp.		L 6601 G	ldsboro (	It.	YES NO
NAME OF DECEASED (Type or print)	First	Middle	Losi	4. DATE OF DEATH	Month	Doy Year
	Jessie S. COLOR OR RACE H. MAR		Robinson DATE OF BIRTH			1960 NDER TYEAR IF UNDER 24 H
female	n Wibow	RIED SETOWORCED S.	E/16/10		last birthday! Mor	
	(Give kind of work done 10h	KIND OF BUSINESS OR INDUSTR	Y TI BIRTHPLACE	State or foreign cou	ntov) lie	2. CITIZEN OF WHAT COUNT
during most of working I	ife, even if retired)	. KIND OF BOOKESS ON KNOOSI				
domest	I.C.		14. MOTHER'S MAID	n Carolina	8	USA
. I ATTER S NAME		all be as a	14. MOINER S MAID	EN NAME		
П	enry Rev			Arelia	Notte	
. WAS DECEASED EVER	IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. IN	FORMANT	MI CILA	Address	
es, no, et unknown) (If	yes, give war or dates of service)					
			Sister. 1	Ars. Franc	ces Davies	
18. CAUSE OF DEATH	[Enter only one couse per lin	ne for (o), (b), and (c).				INTERVAL BETWEEN
PART I, DEATH	WAS CAUSED BY: THE	A CHETTED DAT LEGACOD	DUACE			2 hours
IM IM	MEDIATE CAUSE (0)	RACEREBRAL HEMOR	RHAGE			z nours
1 7 4	DUE TO					
Conditions, if ony,	which) (b) RUPI	TIRE, LENTICULOS	TRIATE ART	ERTES. RI	CHT	2 hours
gove rise to immedio	te couse	. DI WILL TO OLIVE	TITTE TITLE	21121009 112	LOILA	~ 110000
(a), stoting the und						
couse lost.	(c) HYPE	ERTENSIVE CARDIO	VASCULARRE	NAL DISEA	SE	UNKNOWN
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE T	ERMINAL DISEASE C	ONDITION GIVEN IN	PART I(a) 19. WAS AUTOPS
	,					PERFORMED?
						YES NO
PART II, OTHER  200. EXTERNAL CAUSE PRIMARY D or CONTI CAUSE OF DEATH.	WAS 206. DESCR	IBE HOW INJURY OCCURRED. (E	nter nature of injury in	Port I or Port II of	item 18.)	
	SI.	ipped on floor a	t home & s	struck her	ad against	
20c. TIME OF INJURY Hour m.		TIMURY OCCURRED 20e. PLAC	E OF INJURY (Home, ry, street, office bldg.			(County) (State
7 35 2 m.	11/19/60, W	INTER THOS WILLIAM		D	ethesda M	ontg. Md.
			ome			
21. I certify tha	t I took charge of the	remains described above	re, held an Aut	opsy , Inst	pection, In	iquiry , and in n
apinian death re	sulted fram: Natura	causes X, Accident	], Suicide [	, Homicide [	], Undetermin	ned manner
ACTUAL	106	Broschart	CHIEF MEDICA	AL EXAMINER [7]	4	DATE SIGNED
SIGNATURE	muy xi-	aw come				
EXAMINER'S F	rank J. Brosch	hart		EDICAL EXAMINER [	33/0	0//0
O. BURIAL BRINANIEW		22c. NAME OF CEMETERY OR	CREMATORY	224 1054710	AL (City town	U/ OU
TACYAL (Specify)	11-23-1960	Woodlawn Ceme			on (City, town, or cou Senning Rd	., S.E. Wash., I
FUNERAL DIRECTOR'S		ADDRESS	D 0 240.	REC'D BY REGISTRA	R 24b. REGISTRAR	'S SIGNATURE
		wash	DaGa I			1.1
MALVAN & SC	HEY, INC.	424 "R" St. N.	N. DAT	NOV 2 2 '60	Chilhu	of S. Frank

am.d.c., to the student Thought and the Though .0.1, 1000 AND DESCRIPTION OF LAND BUT THE REPORT OF THE PARTY OF THE death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH 1985 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

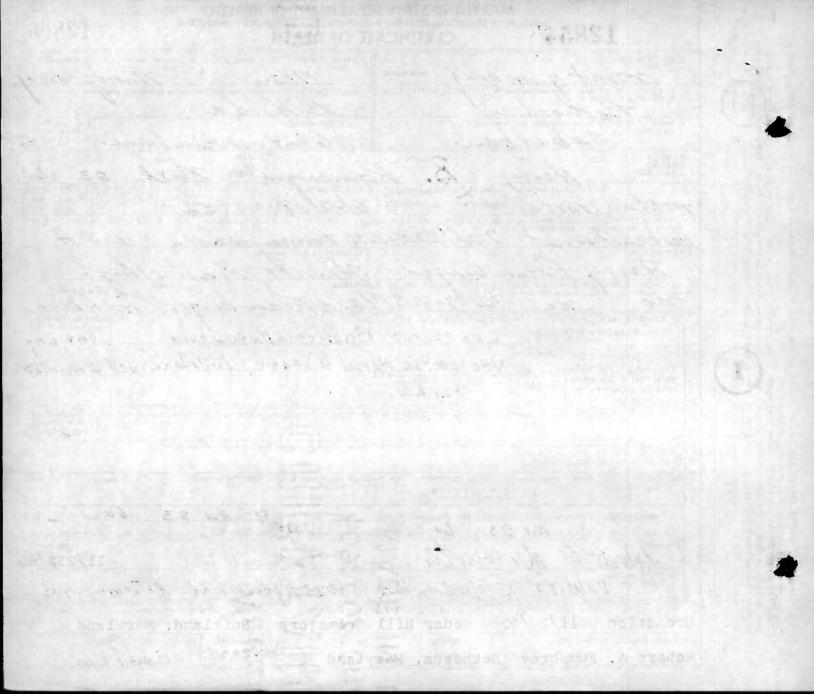
12806

1.0007 CERTIFICA	IE OI DEAIII
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
mont somere MARYLAND	Montgomery
b. CITY OR TOWN (If outside consorote limits, write RURAL and give neacest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give carest town)
7 Sethesda	2 Bethesda.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION The buy have	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES NO STATEMENT NO STAT
3. NAME OF DECEASED (Type or print) First Middle	Last 4. DATE Month Day Year OF DEATH DEATH 23 1960
5. SEX   6. COLOR OR RACE   MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
male white WIDOWED DIVORCED	6/12/08   lost birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Holficulturist 1/2/ Weather	Tat Pennsylvania U.d. H.
13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME
Marry Trosen berger	Harriet Kenworthy.
15. WAS DECEASED EVER A U. S. ARMED FORCES? 16. SOCIAL SCURITY NO. 17. If yes, give wor or dates of service)	NFORMANT Address Address
No 100 11 11 C	INTERVAL BETWEEN
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o) CONFLUENT	1318ONCHISTNELLINGHIM ONE PAY
Conditions if any, which) WeapLASTIC BA	Good Disease, undetermined 2 months
gove rise to immediate DUE TO	
lying couse lost.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
Hour o. m. While Not while fo	ctory, street, office bldg., etc.)
p. m. 19 of work of work	
21. 1 certify that (1) (this haspital) attended the deceased fram	
saw the deceased alive an New 2 1960, and that a	death accurred an M, from the causes and an the date stated above.
220. SIGNATURE	M.D. PHYS. STAFF 11/233/60
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. L
NAME (Type) DeWITT E. DeLAWTER	8025 Aberdeer Kd. Betherda. Mrd
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
Cremation 11/26/60 Cedar Hill	Crematory Suitland, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda, Mar	yland DATE NOV 28'60 arthur & King

may be retain 3.5) the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit parmer. Then please remave carban papers. Pages 1 and 2 the State Board of Health prior to burial, crematian, or remayal, or d in any event, within 72 haurs after death. ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL

VR A15 (4) 15M 9/59



19007

		12855		CERTIF	ICA	TE OF D	EATH			Reg. D	ist. No.	140	) U &
	COUNTY MO	ntgomery		MARYLA	AND	2. USUAL RESID	ence (Whe	ere deceased d	l lived. If instituti b. COUNTY		nce befor		ion)
b	CITY OR TOWN ( RURAL and given Betnesd	If outside corporate limi eorest town) E	ts, write	E. LENGTH OF STAY IN 6 days	1 1b		antow.		rate limits, write R	URAL ond	give nec	rest towr	)
4	or institution Suburba	TAL (If nat in hospital, g	ive street ad	ldress)		d. STREET AC	D. #2						IDENCE FARM?
D	IAME OF DECEASED Type ar print)	Barbara	st	Middle G.		lost Ros	s	4. DATE OF DEATH	Mor 1:		22	,	Yeor 1960
SE	emale	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED  DIVORCED		8. DATE OF BIRTH	898		9. AGE (In years lost birthdoy) 62 yrs.	IF UNDE Months	R 1 YEAR Doys	Hours	R 24 HR Min.
	Broker	ON (Give kind of work king life, even if retired		ND OF BUSINESS OR	INDUS	Pen	nsylv	ania	ountry)	12.CI	U.S.	A.	OUNTRY
5. V	Arthur Go	able  R IN U. S. ARMED FOR (If yes, give war or dates of s		DCIAL SECURITY NO. 78-40-9388		Flore NFORMANT	nce B	rinde	Add	ress			
z	Conditions, if c gove rise to it couse (o), stoting lying couse lost.	m mediote	, mei	tostation to DEAT	C	Coolen NOT PRIATED TO	THE TERMIN	of h	the f	leur.	PT I(o)	3 - LL 2-4	wek
×	20a. ACCIDENT W.	AS UNDERLYING  CAUSE OF DEATH		None IBE HOW INJURY OCC								PERFO YES E	RMED?
	20c. TIME OF INJUI Hour a. m. p. m.	MEDICAL EXAMINER) RY Month, Doy, Yes	20d. INJ While at work	Not while		ACE OF INJURY (H story, street, office			or town)		(County)		(Stot
	21. I certify the olive on	John G.	deceased . 19 6	and that a	death	occurred of L	2:05/	M, from	the causes or treet, city or town,	nd on th		stoted	
	SURIAL, CREMATIC	ON, 226. DATE THEREC	F	22c. NAME OF CEMET Parklawn				,	CKville		rvl	(Stot	e)
	obert A	's signature Pumphre	y Be	ADDRESS thesda,			24a. REC'D	2 8 5	RAR 24b. REG	STRAR'S S	IGNATU	RE	

TO HOSPITALE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour may be related to by the haspital an attending physician.

TO-FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in b page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to buriol, cremotian, or removal, and in any event within 72 promotier death.

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VS A1S (4) 1SM 9/58

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MARYLAND-STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12808

1. PLACE OF DEATH o. COUNTY  Manta am + Mu	MARYLAND 2. USUAL RESID	ENCE (Where deceased lived. If institution: Residence b. COUNTY	ce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 16 C. CITY OR TO	OWN (If outside corporate limits, write RURAL and g	give nearest town)
OLNEY =	241 Ind Batti	mose 3V	11-4
d. NAME OF HOSPITAL (If not an hospital, give street address OR INSTITUTION	d. STREET AI	DORESS	e. IS RESIDENCE ON A FARM?
Brooke Grove to	undation 3211	Monwood ave	YES NO
NAME OF DECEASED (Type or print) Rathry M	F. Bupane	CATO SEATH PONTS	16 1960
SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	_ 0	1001 last birthday) Months	Days Hours Min.
Da. USUAL OCCUPATION (Give kind of work done 10b. KIND	- 111/11/25	KCE (Stole or foreign country)   12. CITI	IZEN OF WHAT COUNTRY?
during most of working life, even if retired)	Ba	Itimore and	
3. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME	C
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	AL SECURITY NO. 17. INFORMANT	Address /	1 Tampre 9
Yes, no. or unknown) (If yes, give war or dales of service)	VONE Madalin	e GobISON 3620	Lachenni
18. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), and (c).]	9	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	nonchepr	elimene	Locay
4 VII X DUE TO			1 - 4
Conditions, if ony, which (b)	ocherry		duch
gove rise to immediate couse (a), stating the under DUE TO	11/2	the suria	1
lying couse lost. (c)	sychere	- Viepritte 4	1/mc
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter noture of	injury in Port I or Port II of item 18.)	1.587
Hour a.m. While	Y OCCURRED Not while at work		County) (State
21. I certify that (I) (this hospital) attended t	the deceased from 7-7	1859.10 11-16, 196	20thot (1) (we) lost
saw the deceased alive an	19_6 And that death accurred	a a Mon the couses and on the	e date stoted above
22o. SIGNATURE	MA ATTENDING	S _ MED STAFF _	22b. DATE
a your	M.D. ATTENDING		11-16-6
22c. PHYSICIAN'S NAME (Type) B Parso	not mo 22d. ADDRE	3urtorvoill	e Mol
30. BURIAL, CREMATION, 23b. DATE THEREOF 23c	. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, ar county)	(State)
Burial 11/19/60	Baltimore Cemetery	Baltimore, Maryla	nd
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS On D	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	GNATURE
um g. 1 scar Belto	-17. Md.	DATEMON 2 7 160	Times

may be rebain to the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detoched far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs TO HOSPITAL

e funeral director

ofter death. Page 4

VR A15 (4) 15M 9/59

12828 THE RESERVE OF THE PROPERTY OF THE PARTY OF A STATE OF THE STA to hospital

TO HOSPITAL

VR A1S (4) 1SM 9/S9

Montgomery Co. Deputy Medical Examiner notified and released

# MARYLAND STATE DEPARTMENT OF HEALTH 1285 PURPLE AT CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

1. PLACE OF DEAT Q. COUNTY MONTGOM		MARYLAND	2. USUAL RESI	•	nere deceased	b. COUNTY	an: Resider	Y	re admiss	ion)
	WN (If autside carparate limits, writive nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
BETHESD	. / \	DOA	BETH	ESDA		le le	26			
d. NAME OF H	OSPITAL (If not in hospital, give stre	eet oddress)	d. STREET	ADDRESS					e. IS RES	FARM?
	NMC, BETHESDA, M	ARYLAND	4603	OVER	BROOK	AVE.				NO [2
3. NAME OF DECEASED (Type or print)	Ella	May Middle	ST. C	LAIR	4. DATE OF DEATH	Mon 11	th	21	,	Year 1960
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRT	Н		9. AGE (In years		1 YEAR		ER 24 HRS
Female	Caucasian wind	WED DIVORCED	10-4-	80		last birthday) 80 yrs.	Months	Days	Hours	Min.
during most a	PATION (Give kind of work done life working life, even if retired)  ewife	Db. KIND OF BUSINESS OR INDU		SSISS		ountry)	12. CIT	USA	WHATC	OUNTRY
13. FATHER'S NAM	NE .		14. MOTHER'S						1	
Lee J	ovner		Mar	garet.	E. Lo	ve				
IS. WAS DECEASE	DEVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT		20	Add	ress	70.1		E-11
NO	(If yes, give war or dates of service)	UNK	Official	Navv	Reco	rds				
Canditians,	DUE TO  if any, which to immediate oring the under-	rebro vasculas Ac Cevebro vascul					(212.00	ONS	ERVAL BE SET AND SS Tha	DEATH MINE
NO PART II	OTHER SIGNIFICANT CONDITION		NOT RELATED TO			E CONDITION GIV	EN IN PAI	RT 1(a) 1	9. WAS PERFO YES [	DRMED?
	NT WAS UNDERLYING 20b. DITING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	PESCRIBE HOW INJURY OCCURRE	D. (Enter nature	of injury in	Part I or Par	t 11 af item 1B.)				
Hour o	o. m. Wh	t-	ACE OF INJURY ctary, street, affic			ar town)	(	(Caunty)		(State
	that (I) (this haspital) attecceased alive an 11-24	ended the deceased fram.	11-24 death accurre		60 to	11-24 the causes ar				(we) las d above
22a. SIGNATU	Dolan Word	denis LT.	M.D. PHYS.	IG as M	ED.	STAFF PHYS.		24-6	. 22	b. DATE SIGNE
22c. PHYSICIA NAME (T)	DAVIS LT MC	USN (MO)	USN)		4C, BE	THESDA, 1	MARYL	AND		
REMOVAL (SP BUNIEL - SP 24. FUNERAL DIRE	MATION, 23b, DATE THEREOF DICTOR SIGNATURE PUMPHREY, FUNERAL	ADDRESS	emetery	250. REC		00	STRAR'S SI			ie)
		BETHESDA, MO		DATE			Ilmy 1	1600	Q.A.	

A CONTRACT OF THE PROPERTY OF THE PARTY OF T	tyts month y'v	
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Desired to the second of the s	THE REAL PROPERTY.	
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# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by a funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remavol, and in ony event within 72 haurs after death. death. Page TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL

VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12790

- 1		
	1. PLACE OF DEATH O. COUNTY Mantagmery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Takoma Perk 2 weeks	Washington
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
	Washington Sanitarium + Hosp	5612 - 101 Theel 1116. YES NOT
	3. NAME OF DECEASED (Type or print)  Market Eva	Salb DEATH November 26 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeors   IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female While WIDOWED DIVORCED	Feb 1 - 1897 83 yrs.
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (Stoje or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Albert Biggs	NODIE E. LENNOX
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
	NO NOW	Hospital Records
	18. CAUSE OF DEATH [Enter only one couse per line-for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	accident 11 lis.
	331X DUE TO P	
	Conditions, if any, which gove rise to immediate (b) Serebral write	nosclerosis 15 yrs.
	couse (o), stoting the under-	luggestensing 25 um
	Z PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ASTOPSY
	E aplastic anemia	PERFORMED? YES \( \sqrt{NO} \) NO \( \sqrt{P} \)
		ED. (Enter noture of injury in Port I or Port II of item 18.)
		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (Stote)
	21. I certify that (I) (this haspital) attended the deceased fram.	11-5 1960 to 11-2 1960 that (1) (we) last
		death accurred 6/15PM, from the causes and an the date stated above.
	220. SICALATURE	22b. DATE SIGNED STAFF SIGNED
	Jamuel in Jagant	M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type)	Vaslington, JC,
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d COCATION (City, town, or county) (Stote)  NINICHAL ARLINGIUM  (Stote)
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE
	1 weathy Soundon 3831. Jal	In 1 MU DATE NOV 2 9 '60 arily S. Hours

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ROBERTA A. PUMPHREY

24b. REGISTRAR'S SIGNATURE

DATE NOV 21 '60

VS. A15ME(5) 5M 9/55

	MASORI	CERTIFICATE	EXAMINER'S		
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1275() CERTIFICA	ATE OF DEATH Reg. Dist.	No. 14812
1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE D. C. , b. COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Kensington	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Washing ton	e nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 10231 Carroll Place Carroll Hall Sanitarium	d. STREET ADDRESS 3416 Rittenhouse Street, 1	e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)  FILLEN  Middle  Sci	Last 4. DATE Month OF DEATH NO VEMBER	Day Yeor /7 1960
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Mach 20 1859 10/ yrs. Months Di	YEAR IF UNDER 24 HR: oys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At Home	VELVERSEU  12. CITIZE  NELVERSEU  12. CITIZE	5. A
13. FATHER'S NAME ROBERT BELL	RATHERINE BOYD	
(Yes no or unknown) . If we give wor or date of service)	Records at Sanitarium - Same	as # 1
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	otic CARDIOVASCULAR Disease	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the <u>under-lying</u> couse lost.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ALONG CONTRIBUTING TO DEATH BUT ALONG CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter noture of injury in Port I or Part II of item 18.)	
	LACE OF INJURY (Home, form, cotory, street, office bldg., etc.)	unty) (Stote
ACTUAL DO WITH & D. 4 to	h accurred at 9:45 PM, from the causes and an the and ADDRESS (Street, city or town, state)  M.D. 8025 ABERDEEN Rd	
PHYSICIAN'S DEWITT F. DELAWTER W.D.	DETHES LA 14, Md	//-//

moy be retolved by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached for use as the burial-transit permit. Then the registrar prior to burial, cremation, or removal, and in any event TO HOSPITAL 220. BURIAL, CREMATION,

2 should be filed with funeral director death. Poge

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ottending physicion and completely filled in b

popers. death.

Then pleose remove corbon within 72 hours

requires that the death certificate be executed within 24 hour

VS A15 (4) 15M 9/58

22c. NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

Georges

(Stote) County.

23. FUNERAL DIRECTOR'S SIGNATURE The S.H. Hines Co. 2901 Mithst., N.W.

/19/60

22b. DATE THEREOF

24a. REC'D BY REGISTRAR DATE OV 21 '60

24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4."

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. VR A15 (-15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL 14593 CE

L RESEARCH AND	RECORDS — BALTIMOR	E 1, MARYLAND
RTIFICATE	OF DEATH	



	o. COUNTY MONT GOMERY	MARYLAND	o. STATE MARYI	LAND b. COUNTY		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING	c. LENGTH OF STAY IN 16 4 weeks	c. Thy or town (IF o	SVILLE	RUPAL and give near	irest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION HAVAREST NURS I		d. STREET ADDRESS 6629 23rd	PLACE		e. IS RESIDENCE ON A FARM2 YES NO
	NAME OF DECEASED (Type or print) Emma Mar	ia Elizabeth	Schlenker	4. DATE Mor	nth / 17	Yeor 1960
5. :	SEX F 6. COLOR OR RACE 7. MAR WIDOW	The state of the s	B. DATE OF BIRTH 4/5/66	9. AGE (In years lost birthdoy) yrs.	Months Days	Hours Min.
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OWN HOME	STRY 11. BIRTHPLACE (Stote GERMAN)		U.S.	WHAT COUNTRY?
	FATHER'S NAME RIEDRICH WILHELM KRUMM		CATHARINA	MARIE CHRISTI	NE PLATTH	OFF
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	NONE NO. 17. IN	iformant is Anna A. Sch W.	nlenker, 6629	23rd Pl. Maryland	
Z	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c).  Conditions, if ony, which gove rise to immediate couse (o), stoling the under-lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS	Loronary arts	not related to the term	INAL DISEASE CONDITION G		SET AND DEATH
FICATION	Cerebral a	scribe HOW INJURY OCCURRE				PERFORMED? YES NO I
L CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	Hour o. m. While	f.	ACE OF INJURY (Home, form ctory, street, office bldg., etc		(County)	(Stote)
	21. I certify that (1) (this hospital) attens aw the deceased alive an Nov 8  220. SIGNATURE  Manager Franks	19 <u>60</u> , and that c	ATTENDING	M, fram the causes a	1960 th and an the date	
	22c. PHYSICIAN'S Maurice Fr	anks, m.D.	22d. ADDRESS 901 2	other, Wash	L. O.C	,
23c	RANS. & BUR LAL 11/21/60	23c. NAME OF CEMETERY OF MT. WALLASTON		QUINCY, MASS		(Stote)
34	WHERE TO PUMPHREY INC.	SILVER SPRING	, MD.	D BY REGISTRAR 25b. REG	SISTRAR'S SIGNATU	

ond in ony event, within 72 removol, page 3 should be described for the burief, cremotion, or the State Board of Health prior to burief, cremotion, or

MASKI TO STACHITACO DECEM Victory Sellings THE PERSON WITH SAFE BORNEY CONTO The course of th THE RESERVE OF THE PROPERTY OF THE PARTY OF

TO HOSPITAL

VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12730

## CERTIFICATE OF DEATH

	-	12101		<b>G</b>	.c.	- LATIT	Reg. I	Dist. No.	
a. C	CE OF DEATH	mo		nery MARYLA	O STATE	Marylan	tived. If institution: Resid	norta	ion)
b. C	TITY OR TOWN BRAL and give to	(If autside corponearest town) T	AKOMA PAR	E. LENGTH OF STAY IN	a 1b c. CITY OR	TOWN (If outside corpore	Park	give nearest lawn	)
d. N	NAME OF HOSP OR INSTITUTION	TAL (If Not in he	pspital, give street	0	Salf d. STREET	ADDRESS Gelbe	eif St		FARM?
	ME OF EASED e or print)	A	first nna	Middle OLIVIA	Senval	4. DATE OF DEATH	Nonth	00	Year 1960
5. SEX	emale	16. COLOR O	Te WIDOW		Ex Llec.	5.1879	last birthdoy) Manths	Days Hours	R 24 HRS. Min.
HO: US	MEMAKER	ION (Give kind or rking life, even i	of work done 10b. f retired)	OWN HOME	INDUSTRY 11. BIRTHP	LACE (State or foreign could LUTH, M	untry) 12. C	YES L	JSA
13. FAT	HER'S NAME	THEODORI	ENVAH	_	14. MOTHER'S ELIZA	BETH P	TERSAN		,
	S DECEASED EV	ER IN U. S. ARA (If yes, give war or		SOCIAL SECURITY NO. 76-05-7375	17. INFORMANT HOWARD	C. CHISHO	Address G	LIBERT A PARK	5T
18.		ATH [Enter onl ATH WAS CAUS IMMEDIATE C	ED BY: CAUSE (a)	ne for (o), (b), and (c).]	l Hemo	whage		INTERVAL BE	TWEEN DEATH
9	anditions, if	immediate (	(b)	Hyperte	nsion			ze	ris
1у	ouse (o), stating ring cause last		(c)	Terro	clerose	2		yea	us
CERTIFICATION		7.54	Ser	ility			CONDITION GIVEN IN PA	PERFO	RMED?
	ACCIDENT WE CONTRIBUTION EITHER, NOTIFY	AS UNDERLYING  CAUSE OF  MEDICAL EXAM	DEATH MINER) 206. DES	CRIBE HOW INJURY OCC	CURRED. (Enter noture o	of injury in Port I or Part I	II of item 18.)		
WEDICAL	Hour a. n. p. m.	RY Month, D	Pay, Year 20d. II While of wor	Not while	Oe. PLACE OF INJURY ( foctory, street, office	(Home, farm, e bldg., etc.)	or town)	(County)	(Stote)
1 .	. I certify t	hat I attend	ed the deceas	/ -			ZE, 1960, that I the causes and an		
AC SIG	TUAL GNATURE	Phu	lip 6	Jones	_ M.D. 918	ADDRESS (Street)	set, city ar town, state)	1/28/600A	TE SIGNE
PH NA	YSICIAN'S AME (Type)	Phi	UP E	Jone	s S,	Iver S	pring	Md	
BU	IRIAL, CREMATIC MOVAL (Specify RIAL)	11/30		CLENWOOD C		22d. LOCATION WASHI	ON (City, town, or county) NGTON, D.C.	(State	e)
23. FUN	CUMPLUA	SUGNATURE	ox, INC.	SILVER SPR	ING, MD.	DATE DEC 2 '60			

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on the state of th	2.1.4. Charles must be provided our layouth a field of these 1.45.  If the problem of the Control of the Contro
	ment Training to the same
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THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	entana sistema.

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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19791 CERTIFICA	TE OF DEATH	14814
PLACE OF DEATH COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	before admission)
Takoma Tark 132 hrs.	washington DC.	47x
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  Unshing for San & Huspital	5 100 1-1 1	e. IS RESIDENCE ON A FARM? YES NO
Type or print) Edith amelia	SHAFER 4. DATE OF DEATH //	Day Year 1960
female white widowed DIVORCED	6-18-78 S2 yrs. Months D	YEAR IF UNDER 24 HRS. Pays Hours Min.
None	Iowa 4	NOF WHAT COUNTRY?
ohn Buhler	Elizabeth Horner.	
20 20 20 20 20 20 20 20 20 20 20 20 20 2	/ -	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b) Myacurdia	l infarction	5 minutes
gove rise to immediate couse (a), stating the under- lying couse lost.  DUE TO  (c) A S I+D C Co	ongestive facture	6 monte
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY         Month, Doy, Year         20d. INJURY OCCURRED         20e. PL           Hour o. m.         19         While of work of work of work         19	ACE OF INJURY (Home, form, 20f. (City or town) (Coctory, street, office bldg., etc.)	unty) (Stote)
		that (I) (we) last
220. SIGNATORE	M.D. PHYS. MED. STAFF DIRECTOR PHYS.	11/3/60 11/3/60
Physician W. Irey	7105 Riggs Road, Hyattsv	ille,Md.
REMOVAL (Specify)		(Stote)
	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	
	b. CITY OR TOWN (If outside deported limits, write RURAL and give new new new new new new new new new ne	PLACE OF DEATH  O. COUNTY  Men no gome or gome or gome or gome or gome or gome or gome of the gome of

KITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 moy be retain 1.75y the haspital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL VR A15 (4) 1SM 9/59

shauld be filed with

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12859

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Montgomery	٧		MARYLA	AND	2. USUAL RESIDENCE (Who o. STATE Florida	nere deceased	lived. If institute b. COUNT	TY	Residence t	pefore admis	ssion
	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (IF o	utside corpoi	ote limits, write	RUR	AL and give	nearest tow	(n)
Bethesda	/ \		96 days		Opa-Locka					7	8X:
	ITAL (If not in haspital, a	ive street	address)		d. STREET ADDRESS				273,49	e. IS RE	SIDENCE A FARM?
	al Hospital				2821 NW 15	4th Te	rrace				NO D
3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	М	onth		Day	Year
(Type or print)	Hard	old	Cleave	S	SHAW	DEATH			mber	18	19 60
S. SEX	6. COLOR OR RACE	7. MARE	RIED X NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In year lost birthdoy				
Male	Caucasian	WIDOW	ED DIVORCED		10-9-86		74 y		Aonths Da	ys Hours	Min.
10a. USUAL OCCUPATE		done 10b.		INDUS	TRY 11. BIRTHPLACE (Stote	or foreign co	untry)		12. CITIZEN	OF WHAT	COUNTRY?
Officer	raing inc, even il remod		U. S. Navy		Maine				U.S	S.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME	200				- / 1
Charles S	SHAW				Alma PREST	ON					
1S. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		A	ddress			GNI
Yes	WWI & WWI			Но	spital Record	s					
Conditions, if gove rise to couse (o), stoting lying cause last	immediate g the <u>under-</u> 	)			ic Carleman Lasters					(Onu	AUTOPSY ORMED?
OR CONTRIBUTING	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of injury in (	Part I or Port	II of item 18.)				NO 🗆
Hour a.m.	. 19	While of war	Nat while	fac	ACE OF INJURY (Home, form tary, street, office bldg., etc	•)			(Cou		(Stote)
21. I certify the saw the decede 220 SIGNATURE	at X) (this haspita	l) attend v. <u>1</u> 8	ded the deceased f	ram hat d	August 14 19 eath accurred at			and	, 19 <u>60</u> an the d	that (10)	(we) last d abave. 2b. DATE SIGNED
22c. PHYSICIAN'S	J. M. XOU	un NG, I	TMC, USN	- 1	M.D. PHYS. DI	RECTOR	STAFF PHYS.			11-19-	
NAME (Type)	// //		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KN	U. S. Nav	al Hos	pital,	Be	thesda	a, Md.	
23a. BURIAL, CREMATI REMOVAL (Specifi Crema/210A)	23b. DATE THEREO		23c. NAME OF CEMET			23d. LOCAT	ION (City, town		county)		ote)
24. SHITE PALISITY CTO	SIGNATORI	K Ho	ADDRESS	ສ 1		D BY REGIST			AR'S SIGN		

death. Page 4 funeral directar

should be TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in b page 3 should be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to burial, cremotian, or remavol, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL VR A1S (4) 1SM 9/59

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VS A15 (4) 15M 9/5B

the registrar prior ta burial, crematian, ar remaval, and in any event within 72 hours/after

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

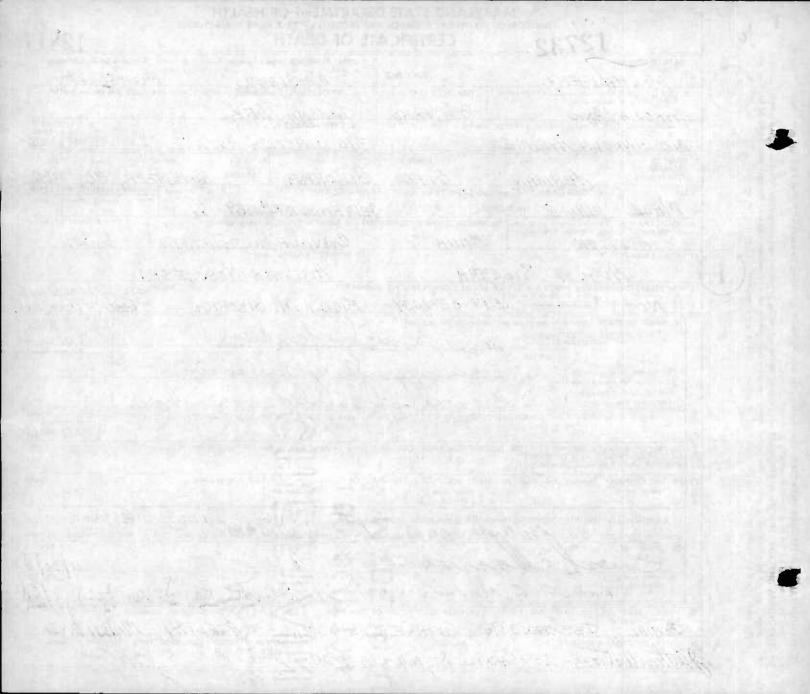
		MARYI 12860	AND	STATE DEPART		TE OF DEAT		LTIMORE, 1	Reg. Dist.	128	316
1.	PLACE OF DEATH	ontgomery		MARYLAI	ND	2. USUAL RESIDENCE (W	here deceose	ed lived. If instituti b. COUNTY	on: Residence l		
	b. CITY OR TOWN RURAL ond give Rural - I	(If outside corporate limi nearest tawn) Damascus			1b	c. CITY OR TOWN (IF	outside corp				
	OR INSTITUTION	TTAL (If not in hospital, g Termantown		et address)		d. STREET ADDRESS	lerma:	ntown		ON.	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Fir 011		Middle		Shaw	4. DATE OF DEATH	Mon Nov		Day	Year 1960
5.	.sex Ma.le	6. COLOR OR RACE		RRIED NEVER MARRIED		. DATE OF BIRTH	878	9. AGE (In years lost birthdoy)	IF UNDER 1 Y Months Da	_	_
10	a. USUAL OCCUPAT	TON (Give kind of work arking life, even if relired		b. KIND OF BUSINESS OR II						OF WHAT	COUNTRY?
13	Edward	Shew				14. MOTHER'S MAIDEN Mary V.		ivan		A	1115
				6. SOCIAL SECURITY NO.		FORMANT  TS Elsie R		Add	hersbu	nrg.	Mđ.
NOIL	Canditions, if gove rise to cause (a), statinlying couse last	g the <u>under</u>	)	GCONTRIBUTING TO DEATH		OF COL		SE CONDITION GIV	VEN IN PART 1(	PERF	AUTOPSY ORMED?
AL CEPTIFICATION		VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Doy, Ye		ESCRIBE HOW INJURY OCCI		. (Enter nature of injury in			(Cou		NO (Stote)
MEDICAL	Hour o. m	10	Whil		fact	ary, street, office bldg., et	c.)	ly of fown)	(000	,	(31016)
	21. I certify alive on // ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	achtel	19	osed from Nev.  60, and that de  wall	eath L	occurred at 8 10 5 1	M, from	the couses are Street, city or town,	nd on the d	lote stote	
2	20. BURIAL, CREMAT REMOVAL (Specif BUPIAL	y) _ / _	1960	22c. NAME OF CEMETE Derwoo		CREMATORY	_	ATION (City, town,	or county)	(Sto	ofe)
23	Olin L	R'S SIGNATURES Wolum	th	ADDRESS Damasou	s,	Md . DATE D	D BY REGIS		istrar's sign.		

Competingth Colored No. 20, move frum . V send) - Danger and the Control of the Cont The first process of the state of the second of the second second · M. Godina Autorial Cook T, 1450 Constitution BELL AT TO THE AREA OF THE PERSON AND ADDRESS OF THE AREA OF THE A

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 12732

	o. COUNTY	MARYLAND	o. STATE	b. COUNTY	Modern and Constitution
H	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	CITY OF TOWN UE	outside corporate limits, write R	IIPAL and give negrest town)
	RURAL and give nearest town)	7// 1/	C. CITT OK TOWN (III	7	DRAC ONG GIVE HEATEST TOWN,
1	TAKOMA PARK	34 YEARS	TAKOMA	MRK	1/
1	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	310 LINCOLN AVENUE		310 LINCO	LN HVENUE	YES NO D
T	3. NAME OF First	Middle	Lost	4. DATE Mon	th Day Yeor
1	(Type or print)  HERMAN	ATTA	SINAPRA	DEATH NOVEN	THER 30 1960
1	//E/1/1/1/Y	HED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IP UNDER 24 HRS.
	MALE WHITE WIDOW	THE PARTY OF THE P	SEPTEMBER &	14.1889 lost birthdoy) yrs.	Months Days Hours Min.
T	Oa. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)	BANK	CANAUD	SOUTHTONOTO	11-84
1	3. FATHER'S NAME	איוויע	14. MOTHER'S MAIDEN	NAME	0.041.
1	D. W. Aller	-3 A	1.10	. 1/	
1	1704031 OIKO	KKH	110903	TA MOSCHES	KI
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	les es	NFORMANT	Add	105 310 LINCOLN AVE
	NO 5.	79-05-2034	EMILY M.	SIKORRA	TAKOMA TARK MY
F	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c).]	-//	1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		" hudge	lion	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	myouru	a fue	7000	50 mm
1	Ha O I DUE TO	, \	0-0	0.	
	Conditions, if ony, which gove rise to immediate (b)	oronelya	very a	eliaren	1 agr
1	couse (o), stoting the under-	0	0 10	0	
	lying couse lost. (c)	menalyse	/ candio	- vore- de	1.
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	/EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS C				YES NO Z
		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
	206. ACCIDENT WAS UNDERLYING DESIGNATION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
-1		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	n 20f (City or town)	(County) (Stote)
	Hour o.m. While		ctory, street, office bldg., etc		(50011)
	p. m. 19 of wor	k ot work	/		
	21. I certify that (I) (this haspital) attend	led the deceased fram	Sist 19	60 to 1000	1960 that (I) (we) last
	saw the deceased alive and 30 No	D 19 GO and that o	death accurred at	3 A M the causes an	d an the date stated above.
1	220. SIGNATURE			,	22b. DATE
	Lawar & Ella	mula	M.D. PHYS.	IRECTOR STAFF	SIGNED
	22c. PHYSICIAN'S	/	22d. ADDRESS	INCCION D THIS. D	11/36/69
	NAME (Type) ERWEST E. X	Zumon n	10 4211 CN	MINHA PAX	Mires Linear Md
-		T	1/20100	any and well a	wal about 1160
	23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	OR OREMATORY	23d. LOCATION (City, town,	or county) (Sote)
	DURIAL DECEMBER 3,196	O GEORGE	VASHINGTON	MOELTHI	MARYLAND.
0	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE
1	Williar Wellzes - 254 CARI	POLL ST. N.U L	VASH D.C. DATE	EC 2 '60 a	rthun S. Kraus
10			J		



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF THE CATE OF THE

	2033	CEKTIFICA	TIE OF DEATH			
1. PLACE OF DEATH  o. COUNTY MONT GOT	MERY	MARYLAND	O STATE	LAND b. COUNTY		
b. CITY OR TOWN (If outsid RURAL and give nearest to SILVER	own)	c. LENGTH OF STAY IN 16	3	outside corporate limits, write R ER SPRING	URAL and give ne	earest town)
d. NAME OF HOSPITAL (IF OR INSTITUTION 12,8	at in hospital, give street 18 Flack Str		d. STREET ADDRESS 12,818 Flac	k Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First MARIETTA	Middle	SINOPOLI	4. DATE Mor OF DEATH NOV		Year 19 60
	HITE WIDOW	RIED NEVER MARRIED A	8. DATE OF BIRTH 10/21/81	9. AGE (In years lost birthdoy) 79 yrs.	Manths Days	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Given during most of warking life Secretary	, even if retired)	kind of Business or Induction Celf-employed	ITALY	ar fareign country)		S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		
LEANORDO SINO	POLI		ROSA COL	OSIMO		
Conditions, if any, wh gove rise to immedicate (o), stating the unallying cause lost.	S CAUSED BY: DIATE CAUSE (a)  DUE TO  ich der.  DUE TO  (c)	Strolle rebal An	terson Caron	ilver Spring,	ON	Lowr Lowr
icatio					TEN IN PART I(O)	PERFORMED?
	USE OF DEATH	CRIBE HOW INJURY OCCURRI	ED. (Enter nature af injury in	Port I ar Part II of item 18.)		
20c. TIME OF INJURY Mor	nth, Doy, Yeor 20d. I While of wor	Not while fo	LACE OF INJURY (Home, farm octory, street, office bldg., etc		(County	(Stote)
21. I certify that (1) ( saw the deceased al 22a. SIGNATURE	2622/ 12	ded the deceased from.	death accurred at 7.2	M, fram the causes ar		22b. DATE
22c. PHYSICIAN'S	res Jeny			ED. STAFF IRECTOR PHYS.	NOV4	1960 SIGNED
NAME (Type) MOR	RIS PERRY		11602 Ga.	Ave., Silver	Spring,	Md.
230. BURIAL, CREMATION, 231	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town,	or county)	(Stote)
REMOVAL (Specify)	1/7/60	CATE OF HEAVE	N CEMETERY	MONTCOMEDY C	YIMITY N	MADVI AND

ADDRESS SILVER SPRING, MD.

2So. REC'D 8Y REGISTRAR

NOV 9

'60

DATE

25b. REGISTRAR'S SIGNATURE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Then please remove corban papers. Pages 1 and in ony event, within 72 page 3 shauld be detached far use as the burial-transit permit. the State Board of Health priar to burial, cremation, ar removal, TO HOSPITAL

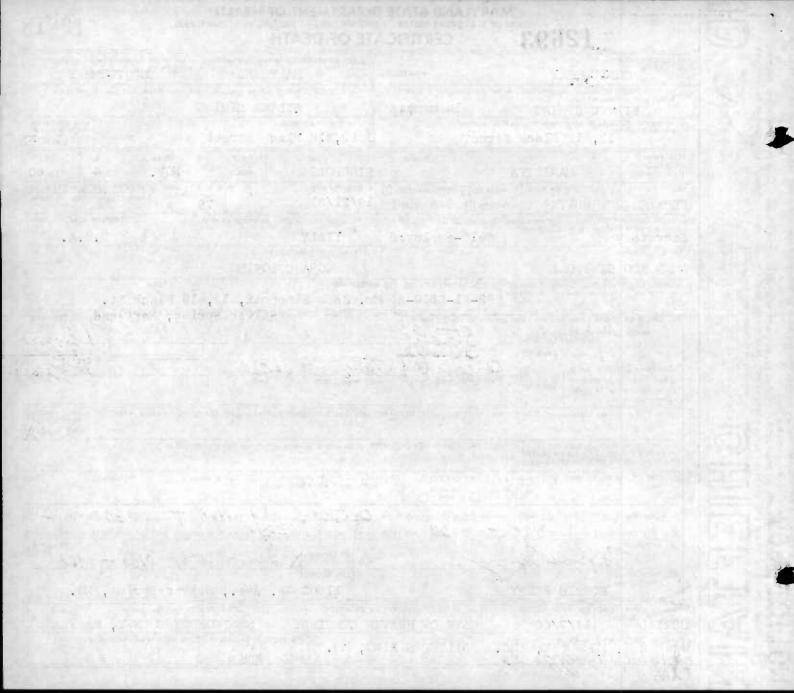
ofter death. Poge 4

2 should be filed with

hours after death.

VR A1S (4) 1SM 9/59

24 FUNERAL DIRECTOR'S SIGNAL WARNER E. PUMP!



Rea Dist No.

**CERTIFICATE OF DEATH** 

1. PLACE OF DEATH  a. COUNTY  MONTGOMPRY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Manyland b. COUNTY Montgamery
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)  3 445	c. CITY OR TOWN (If publice corporate limits, write RURAL and give negrest town)
d. NAME OF HOSPITAL (If not in hospital five street address) OR INSTITUTION 702 LANACK WAY	d. STREET ADDRESS 702 Lanale Way PES NO. 15 RESIDENCE ON A FARM? YES NO. 18
3. NAME OF DECEASED (Type or print) John Hilliard	Shouffer DEATH Nov. 10 1960
Male White WIDOWED   DIVORCED	B. DATE OF BIRTH  9. AGE (In years lost birthday)  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)  Annel (RETIRED) OWN FARM	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  24. S. A
13. FATHER'S NAME Eleonge Frenton Engust	14. MOTHER'S MAIDEN NAME MOSTY Hebby
15. WAS DECEASED EVER IN V. S. ARMED FORCES? (Yes, no. of unknown) Iff yes, give wor or dates of service) NONE	Mrs R. Jabott Parthershore
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nary Embali Interval Between ONSET AND DEATH
Conditions, if any, which gave rise to immediate (b) Congestive	e Caroliac Frailine years
lying cause last.    Cause (a), stoting the under-   Lying cause last.   Cause (c)   Cause	onia 6 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO E
OK CONTRIBUTING LI CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 1B.)
	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) ctary, street, office bldg., etc.)
21. I certify that I attended the deceased fram 1000 4 alive an 1000 1000, and that death	occurred at 232 P.M. fram the causes and an the date stated above.
ACTUAL Philip & Jones	M.D. 918 Ellsworth Price 11/10
PHYSICIAN'S Phillip E. Jones	Silver Spring md.
20161111	R CREMATORY  22d. LOCATION (City, Jown, or county)  ETERY  MONT GOMPRY COUNTY, MARYLAND
Caumoud L. Juska. SILVER SPRIN	IG, MD. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 1 4 '60 Criting S. Kraua

funeral director, requires that the death certificate be executed within 24 haurs after death. Page 4 een signed by the attending physician and campletely filled in by ATTENDING PHYSICIAN: The law TO FUNERAL DAZCI page 3 should be the registrar prior t TO HOSPITAL O

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	injeste (pro s Secretario de Carlo)		The April Street
	St 15425	Description of the second	
John Hall	Section States of	Dering Sugar	
And the second second	~ more		The state of the same of the
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	A Section 1997		Continue of the continue of th

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RALTIMORE

12820 Reg. Dist. No.

**CERTIFICATE OF DEATH** 

Page	W W		PLACE OF DEATH a. COUNTY Mont gome ry Maryland  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
death.	ld be fi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Rensington  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Washington,
urs after	d 2 shau	50	d. NAME OF HOSPITAL 1602 3 point are the profess of institution 1023 point are the profess of institution 1123 Madison Street, N. W. (a. is residence on a farm? YES No. 12 No. 2)
n 24 hau	les 1 and		NAME OF DECEASED (Type or print) HECTOR G. Middle SORULLING DEATH NOW (5 1960)
d withi	rs. Pag		s. SEX Married Never Married State of Birth Months Days Hours Min.  8. AGE (In years lost birthdoy) 8. AGE (In years lost birt
execute	ond cam son pape	1	Od. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Retired-Professor of Law- G.W. University North Dakota  12.CITIZEN OF WHAT COUNTRY  U.S.A.
cate be	ve carbo	1	John Henry Spaulding  14. MOTHER'S MAIDEN NAME Lucretia Galloway
certific	e remay 72 hou		IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT John Spaulding—1315 Chestnut Street  10 Bethesda, Maryland  15 (16) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
the death	he offend hen pleas ent within		PART I. DEATH WAS CAUSED BY:  [MMEDIATE CAUSE (o)]  PART I. DEATH WAS CAUSED BY:  [MMEDIATE CAUSE (o)]
uires thot	pned by t bermit. I in ony ev		Conditions, if ony, which gove rise to immediate couse (a), stoting the under to the couse (b). Dyelone phrilisary rurinary retards 10 da
aw requ	transit poly and		PART IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED?
N: The ding ph	ate has burial- r remay		20a. ACCIDENT WAS UNDERLYING 2 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
PHYSICIA	use os the		(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m.  p. m.  19 Ot work at work
TENDING the hospite	etached for burial, cr		21. I certify that I attended the deceased fram <u>NEG 1 B.C.</u> , 1959, to <u>NOV 5</u> , 1964 that I last saw the decease alive on <u>NOV 5</u> , 1960, and that death accurred at 5 P. M. fram the causes and an the date stated above <u>ADDRESS (Street, city or town, state)</u> DATE SIGNE
ain a by	old be d		PHYSICIAN'S TOWARD AND WASHINGTON CHINICE  PHYSICIAN'S TOWARD AND THE PHYSICIAN'S TOWARD TO THE PHYSICIAN'S TOWARD TOW
y be ref	ge 3 sho		NAME (Type) COUNTRY COUNTRY 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
O DE	5 8 4	1	Cremation 11/9/1960 Fort Lincoln Crematory Prince Georges County, Mc
VS A1S	(4) (SB	11.	The S. H. Hines Co 2901 14 th St N.W. DATE NOV 9 '60 Orland S. Kraus

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12861

### **CERTIFICATE OF DEATH**

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1. PLACE OF DEATH o. COUNTY	OMTCOMERY		MAR	YLAND 2	o. STATE	ENCE (Whe		lived. If institut b. COUNTY	,	GOME	
	(If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b				ote limits, write I	RURAL ond giv	re nearest	town)
Kokkie olie giro	BETHESDA		2 days	5	2	SILVI	ER SPR	ING			
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital,	give street			d. STREET AL			and the second		C	RESIDENCE
b.	SUBURBAN				10301	Eas	twood	Ave.		YE	S NO
3. NAME OF DECEASED (Type or print)	JAMES	rst	Middle	SPROUS	Last 100		4. DATE OF DEATH	Moi NO		Day	Year 19 60
5. SEX	16. COLOR OR RACE	7. 444.00	IED NEVER MARR	No. on the Co. of the	DATE OF BIRTH		-	P. AGE (In years		YEAR IF L	INDER 24 HRS.
Male	White	WIDOWI	11		77/8	/87		lost birthdoy) 73 yrs.	Months D		ours Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUSTR	11. BIRTHPLA	CE (Stote o	or foreign cou	untry)	12.CITIZE	N OF WH	AT COUNTRY?
	orking life, even if retired	2011			1/	1:10	in.	. 7	11	1.0	. 1
13. FATHER'S NAME	a (ceal mi	MAN J			4. MOTHER'S	MAIDEN	AME	a	1		
-	1/ 57	1	-1-10		M	16 %	10-	2		100	
15. WAS DECEASED EV	un o	010	wye	1 11	DRMANT,	7/1	gru	00/16	only	000	w
(Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or doles of	service)	SOCIAL SECURITY NO	). INTE	KMANI	.116	15	Add	ires; J2	sace,	25
700			36-10-811	0 1	onal.	w,	DIV.	01150-1		4 pc	we,
18. CAUSE OF D	EATH [Enter only one co	ouse per li	ne for (o), (b), and (c)	.] /	1 1	1	7	1		INTERVA	L BETWEEN
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	y X	an Trail	03/1	end	The	MIA	SPLOODE	2	Sel	delle
45	DUE TO		F JA WOO	1	7	-		- access	7		4
Conditions, if		100	Thursday	4. 1. 1.	to At-	117	· /	6	4111	+1	116.00
gove rise to	immediate	11/1	prince, 91	reus	an o	LIN	400	mangen col	my perce		
couse (a), statin		,		(					/		
lying couse loss		· · · · · · · · · · · · · · · · · · ·	1		,					1	
PART II. O	THER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO	THETERMIN	VAL DISEASE	CONDITION GI	VEN IN PART	P	REFORMED?
□ OR CONTRIBUTING	VAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURRED. (	Enter noture of	injury in P	ort 1 or Port	II of item 1B.)			1
N 20c. TIME OF INJU	JRY Month, Doy, Ye	gr 20d. II	NJURY OCCURRED	20e. PLACE	OF INJURY (H	ome, form,	20f. (City	or town)	ICo	unty)	(Stote)
20c. TIME OF INJU		While	Not while		y, street, office					//	(0.0.0)
₹ p. m	. 17	of wor	k of work	1 101			101-				
21. I certify	that I ottended the	deceas	ed from [VD]	18	, 1960	, to^	YOU.	20, 1960	that I last	saw th	e deceased
olive on^	40V 20	, 196	o and tho	t death a	ccurred of			he causes a			
	00							eet, city or town			DATE SIGNED
ACTUAL SIGNATURE	dural a	12	elmon	м.		62	0 6	EORG	1A A	VE	
PHYSICIAN'S NAME (Type)	EDWAR	D /	A. BEE	MAN	1 5	140	ER	SPRI	NG.	N	D
220. BURIAL, CREMAT	ION, 226. DATE THERE	OF Chile	22c. NAME OF CEN	TETERY OR C	REMATORY		22d. LOCATI	ON (City, town,	or county)		(Stote)
Burial	Nov 23,	1960	Ft Line	oln C	emeter	y	Colma	r Manor	Md.		
23. FUNERAL DIRECTO		1011	ADDRESS				BY REGISTR		ISTRAR'S SIGN	NATURE	
Gasc	h's Sons	Hyati	sville. N	ld.			OV 2 8 1	00	Terthur 8	#	

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haury rater death. Tage a may be retained by the haspital ar attending physician.

TO FUNRAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remays cachen papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours districted. VS A15 (4) 15M 9/5B

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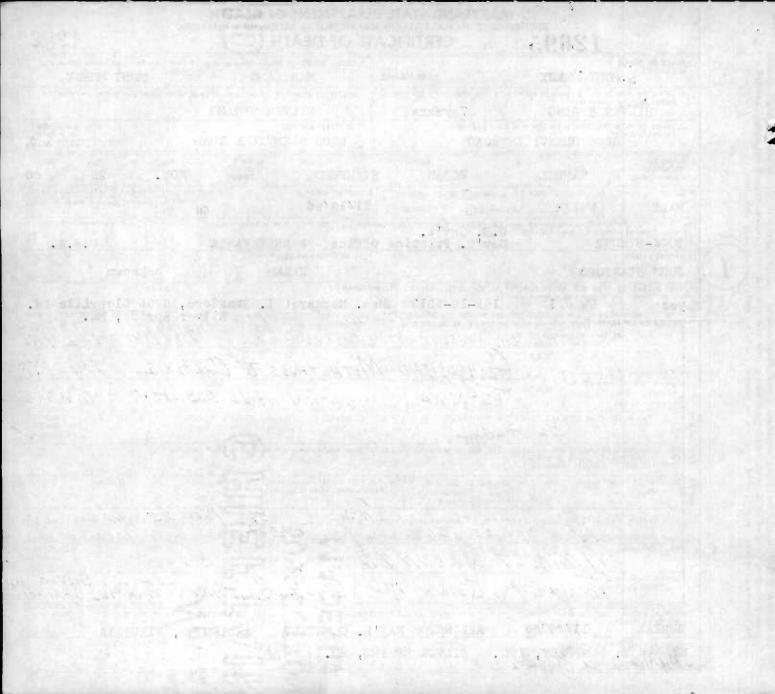
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1 00 1	and 2 sh	1
certificate has been signed by the attending physician and campielery titled in by the loneral	e as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be fi	after death.
and com	pou pope	Z hours
g physician	remove car	vent, within
e driendin	nen please	d in ony e
ned by it	permit. T	moval, ar
Deen sig	I-transit g	ian, or re
erriricale nas	as the buria	burial, crematian, or removal, and in ony event, within 72 haurs after death.
Ú	0	2

	PLACE OF DEATH o. COUNTY . MO	NTGOMERY	MARYLAND	2. USUAL RESIDENCE (V		b. COUNTY	on: Residence b		ssion)
	RURAL and give ne	outside corporate limits, writ arest town) SPRING	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	outside corpor		URAL ond give	nearest tow	n)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, give strained of GLENVILLE	ROAD	d. STREET ADDRESS  8806 GLEN	VILLE F	ROAD		ON	SIDENCE A FARM? NO
	NAME OF DECEASED (Type or print)	SAMUEL First	Middle HOBAN	STANFORD Last	4. DATE OF DEATH	NOV.		Doy 25	Year 19 60
	MALE	S. W. T. T. Prices	ARRIED NEVER MARRIED DWED DIVORCED	8. DATE OF BIRTH 11/19/96		9. AGE (In years lost birthdoy) 64 yrs.	Months Doy		1
	during mast of work BOOK-BINDE FATHER'S NAME JOHN STANE	SR G	ob kind of susiness or ind ov't. Printing	Office PENN  14. MOTHER'S MAIDEN  ELLE	NAME	<u>[A</u>	12. CITIZEN	U.S.	
{Ye	WAS DECEASED EVER			INFORMANT Irs. Margaret	I. Star	Add	ress 806 Glei	Wille	
CATION	Conditions, if or gove rise to in couse (o), stoting to lying couse lost.  PART II. OTH	nmediate DUE TO (c)	ERMINAL E	MACIATION  THE TENTE TO THE TER	AND	DEBILITY CONDITION GIVE	YEN IN PART 1(c	6MO- 6MO- 19. WAS PERFO YES	AUTOPSY ORMED?
MEDICAL CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year 200		PLACE OF INJURY (Home, for actory, street, office bldg., e	rm, 20f. (City		(Coun	ty)	(Stote)
	21. I certify the saw the deceas 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	1 1 1 160.1	Polinin M	death occurred at 2	MED. DIRECTOR D	the causes and STAFF PHYS.   hampto	of on the do	ite stated	
	BURIAL CREMATION REMOVAL (Specify) FUNERAL DIRECTOR'S	N, 23b. DATE THEREOF 11/29/60	23c. NAME OF CEMETERY ARLINGTON NAT	L. CEMETERY			or county) VIRGINIA STRAR'S SIGNA	(Sta	ate)



TO HOSPITAL

VR A15 (4) 15M 9/59

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		1269	6	CERTIFIC	ATE OF DEATH	1		1,000
)		LACE OF DEATH COUNTY NONT	GOME	RY MARYLAND	2. USUAL RESIDENCE (V		If institution: Residence COUNTY MOR	e before admission) UTG.
	Ŀ	CITY OR TOWN (If outside of RURAL and the nearest town	h -00 . 1	c. LENGTH OF STAY IN 11	c. CITY OR TOWN (IF	autside corporate limit	s, write RURAL and gi	ive nearest town)
	(	OR INSTITUTION	in haspital, give street and CHLAND	(1)	1904-HIE	GHLAND	DR.	e. IS RESIDENCE ON A FARM? YES NO
	1	NAME OF DECEASED Type or print)	First	Middle	STEINBERO	4. DATE OF DEATH	Month	Day Year 15 19GJ
	S. S	EX 6. COLO	R ORRICE 7. MARRIE		12-15-18	193 9. AGE	1 4141 1	YEAR IF UNDER 24 HRS. Days Hours Min.
	10a.	USUAL OCCUPATION (Give k during most of yopking life, e	tind of work done 10b. K	IND OF BUSINESS OR IN	Kuss	SIA	12. CITIZ	U-S.A.
1			KNOW		14. MOTHER'S MAIDEN		CUNKNO	ww)
/		WAS DECLASED EVER IN U. S.	war or dates of service)		ALFRED STE	FINBERG	904 Hgg	SPEND DR
		18. CAUSE OF DEATH [Enter PART I. DEATH WAS C IMMEDIA		for (o), (b), and (c).]	RAL TH	ROMBOS	rs	ONSET AND DEATH
		Conditions, if any, which gave rise to immediate	(0)	CEREBRI	n ARTE	S'O LLTE	rosis	YEARS
	z	cause (a), stating the <u>under</u> lying cause last.	DUE TO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINIAT DISEASE COND	ITION CIVEN IN BART	101 19 WAS AUTOPSY
	FICATION			RITTANA	LE HENRET !	)1SEASE	HAMI PLICA	PERFORMED?
	CERTI	20g. ACCIDENT WAS UNDER! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	E OF DEATH EXAMINER)		RRED. (Enter noture of injury i		( ) ( )	
	MEDICAL	20c. TIME OF INJURY Month, Haur o. m. p. m.	Day, Year 20d. IN. While of work	Not while	PLACE OF INJURY (Hame, for foctory, street, office bldg., e	etc.)		ounty) (State
		21. I certify that (I) (this saw the deceased alive	11/.	_ ^	t death accurred at lo	2217		
1		22a. SIGNATURE	11) Mar	HARWIN		MED. STAFF		22b. DATE SIGNED
1		22c. PHYSICIAN'S NAME (Type)	Morron		E 22d. ADDRESS		ST WW	(CHAM)
	230	DURIAL (Specify 1/-	18-1960	NATL MA	5M. FARK	FALLS	CH VY	(State)
	24.	SUNERAL DIRECTOR'S SIGNAT	WILL HOM	ADDRESS 4217-9	7 - New PANOV	100	256. REGISTRAR'S SIG	

BARRISH MARKET AND ARREST THE THE THE PARTY OF THE PARTY 

# FOR STATE HEALTH DEP TO DEPUTY CDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decreasery, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funetary rector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within Z2 hours after death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 22 12862 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

i. PLACE OF a. COUNTY	Montgomer	Y MARYLAND				esidence before edmission
olne	-	2 minutes	c. CITY OR TOWN Washi	(If outside corporate limit		47X -3
	nery General	if not in hospitel, give street eddress)	733 Oti	s Place, N	1.W.	o. IS RESIDENCE ON A FARMS YES NO
3. NAME OF DECEASED (Type or prin		Middle Sterling	Lasi	4. DATE OF DEATH	Month	Dey Yeer 19 60
5. SEX	6. COLOR OR RACE		5/28/17	9. AGE (In lest birt		
toa. USUAL OC done during mo House	CCUPATION (Give kind of world post of working life, even if retires wife	10b. KIND OF BUSINESS OR INDUSTR	Virgin	or foreign country)	12. CITIZ	U.S.A.
13. FATHER'S N	NAME		14. MOTHER'S MAIDEN	NAME		
Alber	t Fortune		Unknown			
(Yes, no, or unke	ASED EVER IN U.S. ARMED FOR		Doratha Ev		ddress em #2)	I INTERVAL BETWEEN
Conditions, geve rise to (a), stelling causa lest.	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  if any, which immediate cause the underlying  DUE TO  (c)			INAL DISEASE CONDITIO	DN GIVEN IN PART	ONSEL AND DEATH Sudden
PRIMARY [	or CONTRIBUTING	hypertension Ob. DESCRIBE HOW INJURY OCCURED. (	Enler nature of injury in Pe	rt I or Pert II of ilem 18.)		PERFORMED? YES NO
20c. TIME Hour	OF INJURY Month, Day, Ye a.m. p.m. 19	While Not While et work at work factors above, he		Inspection ,	Inquiry X,	end in my opinion
ACTUAL SIGNATU	sulted from: Natural co	Burks X, Accident , Suic	CHIEF MEDICAL		ned manner [_]	DATE SIGNED
EXAMINI NAME (T)	Frank J.	Broschart	Address (Streat,	city, town, or county)		11/7/60
22a. BURIAL, CR REMOVAL DUT	(Specify) 11/11/6	O Lincoln Memor	ial.,	Suitland	d, Md.	
23. EUNERAL E	ert L. Suon	Alex Bockville, Md.		OV 1 4 '60	arthur 8.	

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	703 Obla Place, M.T.		lenes Amerosqu
	L , 11	Sterling	aeansu'
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J. S. A.	virginia		ousewile
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

death. Page

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL C

VR A1S (4) 1SM 9/59

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death.

the attending physician and campletely filled in by the functioneral director. Then please remave carban papers. Pages 1 and 2 should be filed with

12825

RURAL	OWN (If o	utside corporate limi	in main		AL							
	theso	st town)	iis, write	c. LENGTH OF STA	Y IN 16 .	al a	town (If		rote limits, write RU	JRAL and giv	re nearest 1	own)
OR INSTIT	UTION	(If not in hospital, g		address) 1 Hospital	-	d. STREET 5863 (		Chase	Parkway,	N.W.	0	RESIDENCE
NAME OF DECEASED (Type or prin	n Mrs	. Carrie		Midd son Stone		La	ost	4. DATE OF DEATH	November		Doy 9	19 60
Female	6	White	7. MARR	DIVORO		ay 2	TH 8, 188	83	9. AGE (In years lost birthday) yrs.	Months D	YEAR IF U	
Retire	af warking	(Give kind of work life, even if retired Cretary	done 10b.	KIND OF BUSINESS		Fitch	hburg,	, Mass.		12. CITIZI	U.S.	TCOUNT
3. FATHER'S N					1	4. MOTHER	S MAIDEN	NAME				
		Johnson					Eliza	beth :	Freeman			
S. WAS DECEA (Yes, no, or unknow NO		N U. S. ARMED FOR yes, give war or dates of t	RCES? 16. 1	social security N 18 01 46		rmant nospi	tal	recor	Addr dg	ess		
gove ris	ns, if ony, e to imm stating the se lost.	nediote (	) <u> </u>									
PAR' 20g. ACCID OR CONTR (IF EITHER,	II. OTHER	SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO D	EATH BUT NO	T RELATED 1	O THETERA	MINAL DISEAS	E CONDITION GIV	EN IN PART	PE	AS AUTOP RFORMED?
	IBUTING 🔲	UNDERLYING [] I CAUSE OF DEATH EDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRED. (E	inter noture	of injury in	Port I ar Par	t II of item 18.)			
20c. TIME O		Month, Day, Ye	20d. IN While at work	Not while at work	20e. PLACE foctory	OF INJURY , street, offi			y or town)	(Co	unty)	(Sto
		(I) (this haspital	l) attend	ed the decease					NOV. 9			
220. \$IGNA	Te	om.	Cus	Tis	M.D	ATTENDI	NG 1	MED.	STAFF PHYS.		11/9	SIGN SIGN
22c. PHYSIC NAME	Leo	Curtis				8218		CENSIN	AVE, I	BETHL	SDA	MIZ
	REMATION,	235. DATE THEREC	ne ne	23c. NAME OF CE	METERY OF CH	REMATORY		23d, LOCA	TION (City town, o	or county)	> (	Strated

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### LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STR BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If Institution: Residence before edmission is necessary, director. Page e. COUNTY Health, MARYLAND b. CITY OR TOWN (if outside/corporate limits C LENGTH OF STAY IN 16 outside corporete limits, write RURAL and give peerest town d. NAME OF HOSPITAL OR IS RESIDENCE ON A FARM? may be retained State | YES NO IX in Item 18. Give Pages 1, 2, and 3 to the fund Year DECEASED OF DEATH the (Type or print) and 2 with the 72 hours after 5 SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED TO NEVER MARRIED AGE (In years | IF UNDER 1 YEAR) last birthdey) Months Dave WIDOWED Y DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working life, even if retired) within V Retired Farm Work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) | (If yes give we rordetes of service) Mrs. Dora Tasker, 2120 Westchester Ave. No EDICAL EXAMINER: This certificate should be executed Catonsville 18. CAUSE OF DEATH lEnter only one cause per line for (a), (b), end (c), Office along ONSET AND DEATH burial-fransit PART I. DEATH WAS CAUSED BY: removal, and In pencil geve rise lo immediale cause Medical Examiner's S (a), steting the underlying couse lest. should be used cremation, CERTIFICATION PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E. O FUNERAL DIRECTOR. Page 3 should be YES NO T 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY 20f. (City or town) (County) (Slele) fectory, street, office bldg., etc.) Hot While el work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection designated agent, death resulted from: Natural causes Accident V Suicide 1 Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE S DEPUTY MEDICAL EXAMINER EXAMINER'S TO DEPUT NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 Ellicott City, Md 240. REC'D BY REGISTRAR'S SIGNATURE 11-19-60 St. Marks Burial 23. FUNERAL DIRECTOR VS. A15ME F.C. Higinbothom, Ellicott City, Md 5M 7/59 arithur S. Haus DATMOV 2 1 '60 Cathun S. Kraus

Liebon hat county and there may a note with the little was been been been been white he madely on little se de per del affortil englishing and RE 1, MARYLAND

ICAL	RESEA	RCH A	ND R	ECORI	25 —	BALTIMO	ı
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1	2697		CERTIFI	CATE	OF D	EATH					160	346
o. COUNTY MC	NTGOMERY		MARYL		USUAL RES	IDENCE (WH		d lived. If instituti b. COUNTY	on: Reside	GOM	re odmiss	ion)
b. CITY OR TOWN RURAL ond give	(If outside corporate limi nearest lown)	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR			prote limits, write R	URAL ond	give ne	arest town	)
79.0	LVER SPRING		9 years	B	7	SILVE	R SPRI	NG				
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, g			1	d. STREET 1825	ADDRESS Tiltor	n Driv	re				FARM?
3. NAME OF DECEASED (Type or print)	AGNES	st	MAY Middle	SUI	LLIVAN	-	4. DATE OF DEATH	NOV NOV		13	'	Year 19 60
S. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARR	D MEVER MARRIED	7	ATE OF BIR 128/86			9. AGE (In years last birthdoy) 74 yrs.	IF UNDE Manths	R 1 YEAR Days	Hours Hours	R 24 HRS. Min.
100. USUAL OCCUPAT during most of wo Home make 1	ION (Give kind of work orking life, even if retired	)	kind of Business or Own home	INDUSTRY	MASS.		or foreign c	auntry)	12. CI		S.A.	OUNTRY?
DANIEL DUF	RNING			1.		MAIDEN NE FERO						
1S. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO.			. Sul	livan,	Add , 1825 Ti		Dr.		
gove rise to cause (a), stating lying cause lost	immediate DUE TO	)	CONTRIBUTING TO DEAT	TH BUT NO	T RELATED T	O THE TERMI	NAL DISEAS	SE CONDITION GIV	/EN IN PA	RT 1(0)	PERFO	RMED?
200. ACCIDENT WOR CONTRIBUTION	G CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CURRED. (E	nter noture	af injury in I	Port I or Par	rt II of item 18.)			YES [	NO 🔀
20c. TIME OF INJU Hour a.m. p. m.		While	Not while	20e. PLACE foctory	OF INJURY , street, offi	(Home, form te bldg., etc.	, 20f. (Cit)	y or town)		(County)		(State)
22a. SGNATURE	and Stec	hai	ed s)	M.D.	ATTENDIT	IG ME	ED	STAFF PHYS.			221	SIGNED
22c PHYSICIAN'S NAME (Type)			RDS				. Ave.	., Silver	Spr	ing,	Md.	
18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).]   18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).]   18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).]   19. PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)												
PAINER DIRECTO	SIGNATURE TIME	ichs	ILVER SPRIN	G, MD	•							

TO HOSPITAL CATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remayol, and in any event, within 27 haurs after death. VR A1S (4) 15M 9/59

CONTRACTOR OF BUILDING THE PROPERTY OF THE PRO

MARYLAND STATE DEPARTMENT OF HEALTH

1286: DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12865 CERTIFICATE OF DEATH	12828
1. PLACE OF DEATH  o. COUNTY  MARYLAND  1. PLACE OF DEATH  o. COUNTY  MARYLAND  1. PLACE OF DEATH  o. COUNTY  MARYLAND  ARYLAND  O. COUNTY  MARYLAND  MARYLAND  O. COUNTY  MARYLAND  MAR	ence before edmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give nearly town) Charles and D.O.A.	give negrest town)
d. NAME OF/HOSPITA (If not in hospital, give street address) OR INSTITUTION  CONTINUTION  CONTIN	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Kenneth T Sullivan GEATH Nov.	18 1960
Male who wildowed Divorced Dec 27/18/95 164 54. Months	21
Salesman Business Forms Kansas U	ITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Unknown  Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Ves., no for unknown) (If yes, give war ar dates of service) Unknown Dvakle Bellegal	Eyland D.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which  (b)  DUE TO  Conditions, if ony, which	INTERVAL BETWEEN ONSET AND DEATH MINICAL  3 UVS.
gave rise to immediate couse (a), stating the <u>under-lying couse last.</u>   Country   C	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS INDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Doy, Year Hour o. m.  p. m.  19  20d. INJURY OCCURRED While of work of two	(County) (State)
saw the deceased alive an 1845. 18 1960, and that death accurred of the causes and an the	60 that we) last he date stated abave.
Fig. Pysician's  ATTENDING MED. STAFF PHYS.   22d. ADDRESS	11/18/60 22b. DATE SIGNED
Will five & R. E firmantract M. B 4890 Battery Lane,	Bethesde MI
23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county Burial 1/22/60 Parklawn Cemetery Rockville, Mar	

Bethesda, Maryland DATE

ADDRESS

Rockville, Maryland

250. REC'D AX REGISTRAR 0

25b. REGISTRAR'S SIGNATURE CITTLING & Firmer

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of may be retain (24%) the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the State Board of Health priar to burial, cremation, or remaval, and in any event within 72 hours after death. TO HOSPITAL 9

should be filed with

Then please remave carban papers. Pages 1 and 2

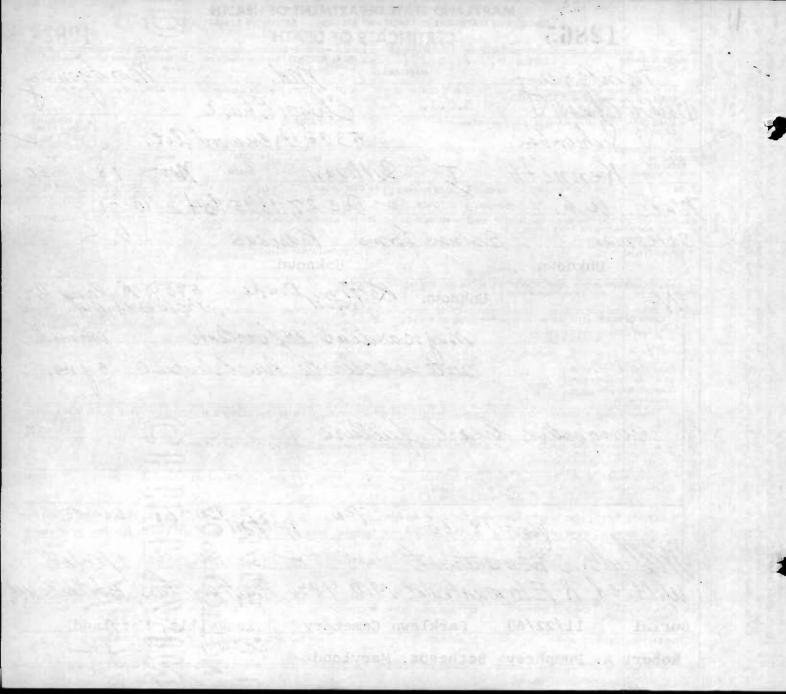
death. Page

VR A15 (4) 15M 9/59

11/22/60

24. FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey



funeral director, completely filled in by Poges 1 and

oth. TO HOSPITAL OF TIENDING PHYSICIAN: The low requires that the death certificate b may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 should be detached for use as the burial-transit permit. Then please remove carl the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours are

TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of VS A15 (4) 15M 9/SB MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12829

	12866		CERTIFICA	ATE OF D	DEATH		Reg. Dist. N	12849
1. PLACE OF DEAT	Montg		MARYLAND	2. USUAL RESI	DENCE (Where der	teased lived. If instit		
	/N (If outside carporate lim ve nearest town) Olney	its, write	c. LENGTH OF STAY IN 16	c. CITY OR		corporote limits, write	RURAL and give n	earest tawn)
OR INSTITUTE	ontg, Co. Ge			d. STREET A	ADDRESS			e. IS RESIDENCE ON 4 FARM? YES A NO
3. NAME OF DECEASED (Type or print)	James	rst	Middle Earl	Sutph	0	ATE NO		Year 19 60
s. sex Male	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCED	B. DATE OF BIRT	н 26-1923	9. AGE (In year lost birthdo)	Months Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUP during most of Farm	working life, even if retired	1) .	kind of Business or Indu Farmer		ACE (Stote or fore			A A
13. FATHER'S NAME St	anford E.	Sut	phin		maiden name	mith		1800
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FOR (If yes, give war or dates of s	RCES? 16.	SOCIAL SECURITY NO.	Lois 1	U.Sutph	in. Boy	ddress	
gave rise t cause (o), stat lying cause l	OTHER SIGNIFICANT CON	DIDITIONS (	YNOVION troperi rimary  CONTRIBUTING TO DEATH BUT  dary +	TONE	diht	Foot		PERFORMED?
20g. ACCIDENT	T WAS UNDERLYING [] TING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURRE			or Part II of item 18.)		YES NO
Hour o.	NJURY Month, Day, Ye m. m. 19	While	NJURY OCCURRED 20e. PL Nat while k at work	ACE OF INJURY ( actory, street, office	Hame, farm, 20f. e bldg., etc.)	(City or town)	(Count)	(State
	How. 20 Jack Shh	, 196 	ed fram. 1953  O, and that deoth  walker  umdch	M.D. 10 3	4 P.M. fr ADDRE 5 RUS_	SS (Street, city or tow	ond on the da	
220. BURIAL, CREMA			Porest Oal			ocation (City, tow aithersb		(Stote)
23. FUNERAL DIRECT	tor's signature C. Gartne	r.	Gaithersbur	g. Md.	24a. REC'D BY R		GISTRAR'S SIGNAT	

William . zánya 29 x venio Manual Lagrand .o. , udmon. Diell gomet 10 0881-08-1aX 12. af .45503V Adams - delice attend in bulgaria icha J.suterin. Borde. U.d. o. Bushing the second of the second second second second Commence of the first than the first than the state of th MENT SOLE STREET GREET GREETS STREETS and period op-22-22 thirty . The state of the same and and the same of the second of the same of the same

## FOR STATE HEALTH DEPT.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12867 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12830

Reg. Dist. No.

	o. COUNTY	untzone	w	MAR	YLAND	2. USUAL RESIDENCE	E (Where decease	sed lived. If insti b. COUN	tution: Reside	nce before	odmission)
b	b. CITY OR TOWN (III		PURAL	c. LENGTH OF STAY	IN 1b	C. CITY OR TOWN	N (If outside cor		e RURAL and	give near	est town)
		AL OR INSTITUTION (I	If not in hos		35)	d. STREET ADDRES	SS	Monrovi	a		IS RESIDENCE ON A FARM? (ES NO W
	NAME OF DECEASED (Type or print)	John		Middle Edwin Ta	ble	Last	4. DATE OF DEATH	Mon		Doy	Year 1960
5. 5	Male	6. COLOR OR RACE White		NEVER MARRIE	D   8.		1899	9. AGE (In years fost birthday)	Months 1	TYEAR IF	UNDER 24 HRS.
100 d	during most of working	ON (Give kind of work of life, even if retired)  - Well d		IND OF BUSINESS OR		Y 11. BIRTHPLACE (S		country)		ZEN OF W	VHAT COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDE					
	John Le	wis Table	r			Mary V	Tennie	Thomps	on		
15. (Yes	s, no, or unknown)	ER IN U. S. ARMED FOI		SOCIAL SECURITY NO.	. 17. IN	FORMANT		Addres			
	No.			9-12-0165		Mrs Fanni	le Tabl	ler- Mon	nrovia	a, M	d.
	Canditions, if a gove rise to immed (a), stating the cause last.	diate cause DUE TO (c).		oronary			71			sus	delly
CERTIFICATION		IER SIGNIFICANT CON							VEN IN PART	1(a) 19. V YES	ERFORMED?
	200. EXTERNAL CAL PRIMARY Or CON CAUSE OF DEATH.	JSE WAS NTRIBUTING []	b. DESCRIBE	HOW INJURY OCCU	RRED. (En	ter noture of injury in	Part I or Port II	of item 18.)			
MEDICAL	20c. TIME OF INJUI Hour e. m. p. m.	RY Month, Day, Yea	While		Oe. PLAC factor	E OF INJURY (Home, y, street, affice bldg.,	form, 20f. (City etc.)	or town)	(Cour	nty}	(State)
	apinian death	resulted fram: N	Natural c	auses 📈, Accid	dent [	], Suicide [],	ppsy [], Ir , Hamicide	nspection 📈 , Undet	, Inquiry ermined m	nanner	and in my
	EXAMINER'S NAME (Type)	KANK:		3 hosena		ASSISTANT ME	DICAL EXAMINE		1-15	-6	0
	Burial (Specify)	11/18/	60	22c. NAME OF CEMET		Meth.	H	TION (City. 10wn,	wn. N	10.	(State)
23.	FUNERAL DIRECTOR	Molisis	nth	- Damas	cus.	Md . DATE	EC'D BY REGIST	-	ISTRAR'S SIGI	4	

TO DEPUTY NY CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nycessary, please execute the extracted, writing the ward "pending" in pendi in them 18. Give Pages 1. 2, and 3 to the funeral ector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained by your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME SM 2/57

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	to gentlement in the		
		4 4 4 4 4	
		The second second	
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LEDwin Lawrence Clark			
		A KANASA	
	PROCESSOR OF STREET		
		Cay and cult	THE AMERICAN
	AUGUST IN ASK		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# The second of th SAME AND STREET The Control of the Co LUCAY SERVICE THE PARTY OF THE The train receive of Wall Edward of Second Co. 14 angle tolers of the set of the country and the THE RESERVE AND ASSESSMENT OF THE PARTY OF T

er death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

**CERTIFICATE OF DEATH** 

	11-01-01				
1. PLACE OF DEATH a. COUNTY		MARYLAND	o STATE	there deceased lived. If institution b. COUNTY	n: Residence before admission)
	ntgomery outside corporate limits, v	write c. LENGTH OF STAY IN 18	+	outside corporate limits, write RU	IRAL and give negrest town)
RURAL ond give nea	rest town)	C. LENOITI OF STAT IN IL			LI - Y -
Silver	Spring L (If not in hospital, give	atrock address)	d. STREET ADDRESS	ngton	. IS RESIDENCE
OR INSTITUTION					ON A FARM?
1800 Gr	ace Church	Road	3040 011	ver Street,	F. W. YES NO
3. NAME OF DECEASED (Type or print)	JOHN First	Middle <b>Peter</b>	TALTY	4. DATE Mant OF DEATH NOV	
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White w	DIVORCED	2/8/1870	90 birthdoy) yrs.	Months 10 Hours Min.
10a. USUAL OCCUPATION	(Give kind of work done	e 10b. KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (Stote	e ar foreign country)	12. CITIZEN OF WHAT COUNTRY
Chauffeu	retired	Driving	Irelan	d	US
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
John Ta	ltv		Mary C	bushing	
15. WAS DECEASED EVER	IN U. S. ARMED FORCES		INFORMANT	Addr	ess
(Yes, no. or unknown) (If	yes, give war or dates of service	Unknown .	Joseph Greco	-son in law-	same 2d
	- //	per line for (o), (b), and (c).]	0 1 1.	70	ONSET AND DEATH
PART I. DEAT	H WAS CAUSED BY:	Mulling (	Welled 1	Слашивоге	3 moult
2337	DUE TO	0 100	D C	10	
Canditions, if on	y, which ) (b)	Cellethank	Willes	1cheuns	O years
gove rise to im	mediote Due to		1 0 0		
cause (a), stating the lying couse last.	(c)_	Acrounting	1 Exteren	-Velleani	
PART II. OTHE		IONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIV	EN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 1
20a. ACCIDENT WAS OR CONTRIBUTING I	CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCUR	RRED. (Enter noture of injury in	Part I or Part II of item 18.)	
20c. TIME OF INJURY	Month, Day, Year	20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, for	m, 20f. (City or town)	(County) (State
Hour a.m.		While Not while at wark of ot wark	foctory, street, office bldg., el	(C.)	
	(I) (this haspital) a	attended the deceased fram	1/////	de0, to 11/18/	, 1940, that (I) (we) last
saw the decease	d alive on 1///	1820, and tha	t death occurred at	LM, from the causes an	d an the dote stated above
22a. SIGNATURE	uny I do	dance	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	11-18-60 SIGNED
22c. PHYSICIAN'S NAME (Type)	E. STUAR	r LYDDANE	30060 Q	St., N. W., W	ashington, D.C.
23a. BURIAL, CREMATION REMOVAL (Specify) Burial	1, 23b. DATE THEREOF	23c. NAME OF CEMETERY  Mt. Olive	or CREMATORY  t Cemetery	23d. LOCATION (City, town, or Washington	
24. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			TRAR'S SIGNATURE
Robert A	. Pumphre	v Bethesda.	Maryland N. N	OV 2 2 '60	1 0 4

TO HOSPITAL VR A15 (4) 15M 9/59

priving perimental and

NEW D. C.

TOWN ON COUNTY TOWN IN CARE

TAR THE PARTY OF T

Livelinnd ...

District of Joseph Diver-son in lest-same in-

The sea of the Holl 

BRYLEL IL/11/68 Mr. Olivet Generary - Washington, D. C.

Sobert A. Pumphray Sathesda, Maryland Satt & Janes

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12833

arthur S. House

19000

CERTIFICATE OF DEATH

	2000	QEIXTI.	IVALLE	O. D					
1. PLACE OF DEATH		THE STATE OF		USUAL RESIDENCE (W	here decease		on: Residence	before adm	nission)
o. COUNTY	Montgomery	MAR	YLAND	Mary]	and	b. COUNTY	Mont	tgome	7017
b. CITY OR TOWN	V (If outside corporate limits, v	write c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		orote limits, write R			-
Bethesd		8 years	. 4	A) Rothor	240				
	SPITAL (If not in hospital, give			d. STREET ADDRESS	sda			a IS R	ESIDENCE
OR INSTITUTIO	N		1					ON	A FARM?
	larwood Road			5415 Har	wood	_Road		1 153	□ NO.
B. NAME OF DECEASED	First	Middle		Lost	4. DATE	Mon	th	Day	Yeor
(Type or print)	Charles	Carso	111	TUM	DEATH	Nove	ember	24	1960
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARR	ED 8. DA	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1	-	1
Male	White w	DIVORCE	D 🔲	3/26/1911		49 yrs.	Months D	28 Hour	rs Mir
Oa. USUAL OCCUPA	TION (Give kind of work done	e 10b. KIND OF BUSINESS (	OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreign	country)	12. CITIZI	EN OF WHA	TCOUNT
	Manufact.	Manufactui	m'm or	North	Cara	line	IIS		
3. FATHER'S NAME	manuatuce.	Manatactul	-	. MOTHER'S MAIDEN	Caro	TIUA	1 00		
	mlos C Tob	9.0000	100						
	rles G. Tat		). 17, INFOR/		rson	Add			
(Yes, no, or unknown)	EVER IN U. S. ARMED FORCES  (If yes, give war or dates of service)	:0)				Addi	ess		
No		289-07-697	0 Fr	ancis Tat	rum,	wife, sa	me 2e	1	
18. CAUSE OF D	DEATH [Enter only one couse	per line for (o), (b), and (c)	.]	-1	1			INTERVAL ONSET AN	
PART I. D	DEATH WAS CAUSED BY:	anto Com	Lamake	Thomas	hori	11		.0	udia
43	DUE TO		6	1					
Conditions, if	60	artin line	t: 11.	lonate 11.	alkal.		M-10-19	and:	UPAN
gove rise lo	immediate	- VILLOVASICAL (A)		acour Kin	44/10-		10	1	True!
couse (o), stati								0	
lying couse lo									
PART II. C	OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DE	ATH BUT NOT	RELATED TO THE TERM	AINAL DISEA	SE CONDITION GIV	EN IN PART	PER	FORMED?
8							7.7	YES [	□ NO
PART II. C	WAS UNDERLYING 20th	b. DESCRIBE HOW INJURY O	OCCURRED. (En	nter noture of injury in	Port I or Po	rt 11 of item 18.)			
(IF EITHER, NOTI	IFY MEDICALEXAMINER)								
20c. TIME OF INJ	JURY Month, Doy, Year	20d. INJURY OCCURRED		OF INJURY (Home, for		ly or town)	(Co	unty)	(Sto
Hour o. r	10	While Not while of work O	foctory,	street, office bldg., el	(c.)				
₹ p. r	m	OI WOLK [] OI WOLK []		3 . 4	1.0	1. 9./	,	-	
21. I certify t	that (1) (this haspital) o				26.0 . ta.	11-24	19.6.5	2, that (1)	(we)
saw the dece	eased alive an 11-1	1960, and	that death	n accurred at	M, fram	the causes an	d an the	date state	ed aba
220. SIGNATURE	11110	0 /						-	22b. DATE
14	hur dimi	Careky	M.D.		MED.	STAFF PHYS.	1/-	-24-	-60
22c. PHYSICIAN'		1		22d. ADDRESS	44.				
NAME (Type	Robert J. 1	McCarthy		1801	EYE	St N	.W.	WASI	4, D.L
02 0110141 605144	TION DATE THEOLOG	Jee 111115 05 05			1001 100				
Burial, CREMA	TION, 23b. DATE THEREOF	23c. NAME OF CEA				ATION (City, town,		(5	itote)
	7-//	Parkla	wn Cen	netery		ckville,			
24. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS		25a. REC	D BY REGIS		STRAR'S SIGN	NATURE	
Robert .	A. Pumphrey	Bethesda,	Mary	Land DATE	MUY 2 8	'60	7-11 0		

.TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retain to be the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, crematian, ar remaval, and is any event, within 72 haurs after death.

funeral director, uld be filed with

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completely filled

death. Page 4

VR A15 (4) 1SM 9/S9

attended the Mean's eligible and good

11-25-60 1801 E1E SE WW WEST DE

Directorage all Civilos: wraper of own large 98/85/11 Tillian

Robert A. Pushing Merkends, Meryland

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12'	7:	1
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### **CERTIFICATE OF DEATH**

Reg. Dist. No.

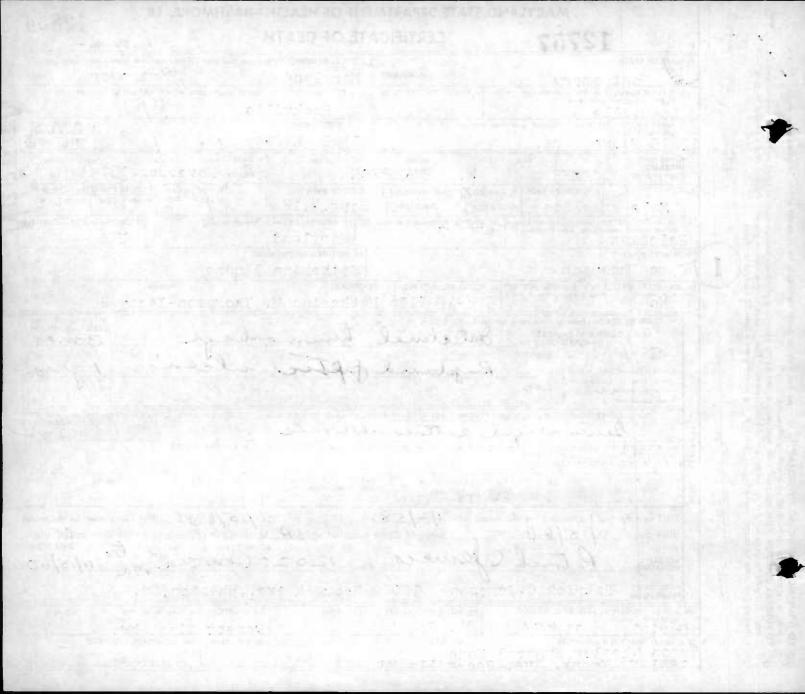
1. PLACE OF DEATH o. COUNTY  Montgomery  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Rockville
Rockville d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 13215 Midway Ave.	d. STREET ADDRESS  13215 Midway Ave.  6. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print) JAMES First W. THOMPS	SON Last 4. DATE Month Day Year OF DEATH November 15, 19 60
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Sept. 4, 1886  9. AGE (In years last birthdoy) yrs.    Funder 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Salesman	STRY 11. BIRTHPLACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY?  Maryland USA
) John Thompson	14. MOTHER'S MAIDEN NAME Catherine Lindsey
IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown)   If yes, give were or dates of service)	NFORMANT Address  Katherine M. Thompson-Item# 2
Jewendigh authors  200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter noture of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, tory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 1/2/58 alive an 11/15/60, 19, and that death  ACTUAL SIGNATURE Patrick C. Jameson- 12020	accurred at 3 P. M., from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 12020 Cery 11/15/60  Georgia Ave., Wheaton, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF St. John's	R CREMATORY 22d. LOCATION (City, town, or county) (Stote) Forest Glen Md
23. FUNERAL DIRECTOR'S SIGNATURE Tyson Wheeler Funeral Home 1331 E. Montr, Ave. Rockwille Md.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEOU 1 7 160

funeral directar, auld be filed with ir death. Page 4 may be retain and you the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shather egistrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL VS A1S (4) 1SM 9/SB



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12835

	CERTIFICATE OF DEATH
A	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY
	b. CITY OR TOWN (If autside emporate limits, write ft. LENGTH OF STAY IN 1b RURAL and give represent town)  RURAL and give representation 9 and 12 ft. LENGTH OF STAY IN 1b  RURAL and give representation 12 ft. LENGTH OF STAY IN 1b
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Suburban Ban Hospital  d. STREET ADDRESS ON A FARM? YES NOW
	3. NAME OF DECEASED (Type or print) Leilian Mary Thompson DEATH TOU, 23 196
	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HR  last birthday)  Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working most of working life, even if retired)  Restaurant  Restaurant  Restaurant  Restaurant
1	13. FATHER'S NAME  14. MOTHER'S MAIDEN JAME  14. MOTHER'S MAIDEN JAME  Anales Crene
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. OCIAL SECURITY NO. 17. INFORMANT Address STAGES OF THE PROPERTY OF THE PROPER
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  INTERVAL BETWEEN ONSEYAND DEATH ONSEYAND DEATH
	Conditions, if any, which gave rise to immediate cause (o), stating the under-lying cause last.  (b) Hyperleusine Cardio Vaseular-renal 10 47-5  (c) Cusease
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
-	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m.  p. m.  20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)  20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)
	21. I certify that (1) (this hospital) attended the deceased from 5 42 1957, to Nov 22, 1960, that (1) (we) la sow the deceased alive on Nov 22 1960 and that death occurred at 82 M, from the causes and on the date stated above
	220. SIGNATURE COLOR WED. STAFF SIGNE SIGN
	22c. PHYSICIAN'S NAME (Type) Ph, / ip H. VARIVER. 22d. ADDRESS 19620 Ha, Que, Selver Spring, The
	23d. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)  TRANS (Specify) BURIAL 11/26/60 MOUNT PEACE CEMETERY PHILADELPHIA, PENNSYLVANIA
	24. EUNERAL DIRECTOR'S SIGNATURE WARNER E. PUMPHREY, INC. SILVER SPRING, MD.  NOV 2 9 '60  DATE  250. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE NOV 2 9 '60  CARLING & Thomas

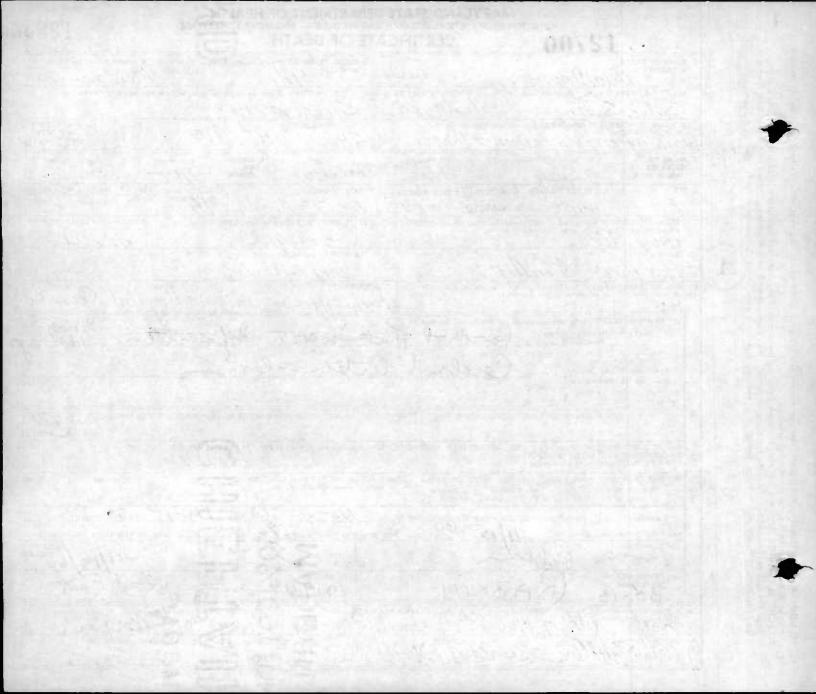
TO HOSPITAL CATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of may be retailed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the process of the complete of the co VR A15 (4)

rer death. Page 4

MAJO 90 STATE OF THE STATE OF T A DESCRIPTION OF THE PROPERTY torigon the state of the state The same of the sa Candal madelles account to all the personal Course there were fined to 415 PLANELS. O will the Tomas The light of a residence of the last free free to the ARREST HUMAN AND TO ALL THE CONTRACT IS NOT THE CONTRACT OF TH 

4 1		127(1) CERTIFICATE OF DEATH
Page director iled with		1. PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY  Lostquares
funeral of the f		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  LIVEY Spring  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Silvey Spring
b d 2 sito		d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  Nachington Sanitarium + 4 esp.  B422 11th ave.  1
illed in es 1 and	15	3. NAME OF DECEASED (Type or print) Lucy Middle Thompson 4. DATE Month Day Yeor OF DEATH // - 15 - 1940
d withir oletely f rs. Pag ofter dec		S. SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH  WIDOWED   DIVORCED   5 - 7 - 8 2  9. AGE (In years left under 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
ad camp		100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY of the country of
ician or e carba	1	Crawford Phillips 14. MOTHER'S MANDEN NAME IN Knowy
certific ng phys remay event, w		15. WAS DECEASEDEVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Washington Sassifasium & Hospital Records
attending please		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Carebral Thrombosis C Marchael  IMMEDIATE CAUSE (a)
that the by the it. The		332 DUE TO Carela de Carteriore les si
equires in. signed it perm		gove rise to immediate couse (o), stating the under-lying couse lost.  (b)  (b)  (b)  (b)  (c)
physicio as been ial-trans atian, a	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?  YES NO 1
ending ficate h the bur al, crem	d	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al ar att his certi use as ta buric		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m.  Doy, Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of wo
haspite After the hed far th prior		21. I certify that (I) (this haspital) attended the deceased fram. Nov 4. 1960, ta 1/20/15, 1960, that (I) (we) las saw the deceased alive an 1/1/5 1900, and that death accurred at M, fram the causes and an the date stated above
SCTOR: e detac		220. SIGNATURE  ATTENDING  M.D. PHYS.  DIRECTOR   PHYS.   1/1/5 / 60 SIGNET
retail AL D'A shauld b	1	22c. PHYSICIAN'S NAME (Type) RABKIN 22d. ADDRESS 1019 University Polved East
may be page 3 s	9	230. BURIAL, CREMATION, 236, DATE THEREOF, 23c, NAME OF CEMETERY OR CREMATORY 2303 LOCATION (City, town, or county) (State)
VR A15 (4)	8	22 FUNERAL DIRECTOR'S SIGNATURE 254 CANNUM DV. W. D.C. DATE NOV 1 7'60 Golden & Kround



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J. C.	1 and 2 should be filed with	0
d campletely filled in by	papers. Pages 1	egih

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12870

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 12857

1. PLACE OF DEATH g. COUNTY			2. USUAL RESIDENCE (W	here deceased lived. If it		before admis	ision)
J. COUNT	MONTGOMERY	MARYLAND	o. STATE MARYL		YONTY MONT	TGOMERY	7
RURAL ond give ne	f outside corporate limits, write earest town) HESDA	c. LENGTH OF STAY IN 16		outside corporate limits, v	write RURAL and give	ve nearest tow	n)
d. NAME OF HOSPIT	'AL (If not in hospital, give stree	oddress)	d. STREET ADDRESS	OF BILLIG		e. tS RE	SIDENCE
OR INSTITUTION		Hospital	207 WILLI	AMSBURG DR			A FARM?
3. NAME OF DECEASED (Type or print)	First BARBARA	Middle	TURKAL	4. DATE OF DEATH	Month	Day	Year
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In	yeors IFUNDER 1	YEAR IF UND	ER 24 HR
Female	White WIDOW	VED DIVORCED	2/9	last birth	yrs. Months D	ays Haurs	Min.
10a. USUAL OCCUPATION	ON (Give kind af work done 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZE	N OF WHAT	COUNTRY
	sing life, even if retired)  ewife or	wn home			T	J.S.A.	
13. FATHER'S NAME	CMTTE	WII HOME	14. MOTHER'S MAIDEN	stria NAME		o.o.n.	
Unkno	7.773		Unknown				
	R IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO	INFORMANT		Address		
	If yes, give war ar dates of service	Mr	M. James Tu	rkal, 207 Wi	lliamsbur	g Dr.	
no		none		- 1 -	Spring. )	13	
	TH [Enter only one cause per	ine far (o), (b) ond (c).]		1	2012-11-21	INTERVAL BI	ETWEEN
PART I. DEA	TH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	Perdren.	Houns	ensection	7	1-2	mac
4	DUE TO				Control of	0	
Conditions, if o	au which	allenant	Proper			1	
gave rise to i	mmediate (	Coccarota					
cause (a), stating	the under-						
lying cause last.	(c)						
PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	IINAL DISEASE CONDITIO	ON GIVEN IN PART I	l(o) 19. WAS PERFO	AUTOPSY ORMED?
<u> </u>	ampulati	on holo Le	of alone &	note 1	3/60		] NO [
(IF EITHER, NOTIFY	S UNDERLYING   20b. DE	SCRIBE 404 INJURY OCCUR	(Enter noture of injury in	Port I or Part II of item 1	18.)		
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Year 20d.		ACE OF INJURY (Hame, for		(Co	unty)	(Stote
Hour o.m.	19 While	Not while	ctory, street, office bldg., et	c.) !			
			Z=/	1-2	14		
21. I certify th	at I attended the decea		, 19/_, ta		96 9hat I last		
alive on	D 110V , 19	<u>GQ</u> , and that deatl	accurred at 4.05	M, from the cause	es and on the	date state	d abav
1	- 11	- 00		ADDRESS (Street, city or	town, stote)	O DA	TE SIGNE
ACTUAL	Vellam.	A Clark	M.D. 400	· College	ell Pl	11/	576
PHYSICIAN'S WINAME (Type)	LLIAM D. AUD		Sels	er Spri	ing 7	2nd	
	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	D CDEMATORY	22d. LOCATION (City,	town for country	(Sta	ta)
REMOVAL (Specify) BURIAL	11/8/60	Ft. Lincoln		-	County,		
23, FUNERAL DIRECTOR	S SIGNATURE/	ADDRESS	24a. REC		. REGISTRAR'S SIGN		10.00
XULIN ELL	IMPERENT INCO	SILVER SPRING	G, MD.	NOV 1 4 '60	arthur &	Kraus	

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Palace and Country harmon		11.11	
	Shirm, va.		

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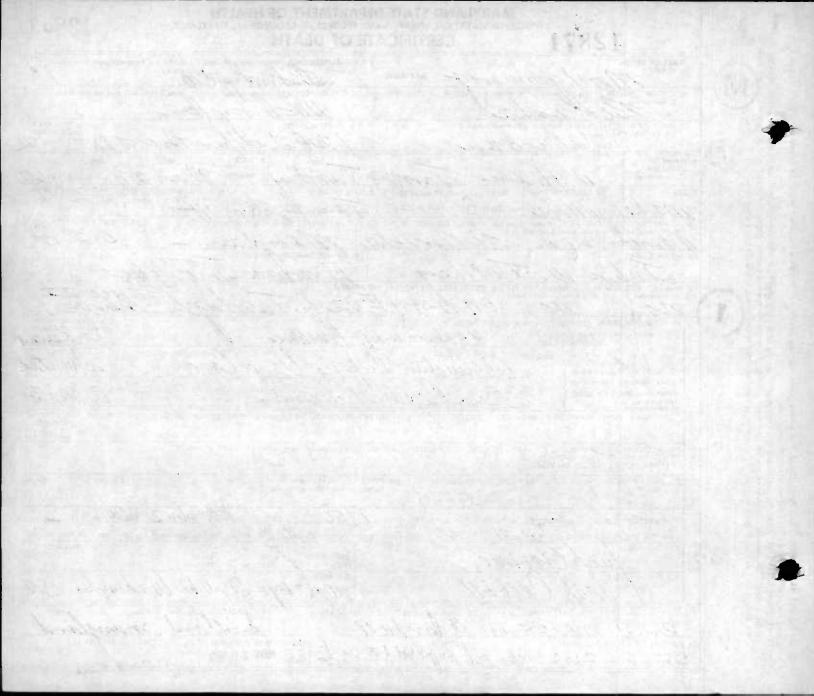
. PLACE OF DEATH  a. COUNTY  MARYLAND  MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE     COUNTY	e before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nedrest today	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION  OR INSTITUTION	924 Docthern Ave, J.	e. IS RESIDENCE ON A FARM? YES NO
	Lost 4. DATE Month OF DEATH MOUL 21	Day Year 19 6 C
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   Male with the widowed   DIVORCED	B. DATE OF BIRTH  Jan. 20, 1886  9. AGE (In years last birthday)  Months  Tyrs.	1 YEAR IF UNDER 24 HRS Days Hours Min.
during most of working life, even if retired)	D Maryland 1	L. J. H
John W. Twilley	Emma de Forbe	5'
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN Yes, no, or unknown) (If yes, give wor or dates of service) 579-07-3954	- Va L. Twilley Address	bove,
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	J failure	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b) Obstruction of	uperiar Vena Cara.	2 Month
lying couse lost.  DUE TO  OCIO TOURISMO CONTROLL  (c) TOURISMO CONTROLL  (c) TOURISMO CONTROLL  (d) TOURISMO CONTROLL  (e) TOURISMO CONTROLL  (f) TOURISMO CONTROLL  (g) TOURISMO CONT	- Cencernaria	12 monte
		PERFORMED?
OR CONTRIBUTING   CAUSE OF DEATH		16.
Hour o. m.  p. m.  19  19  19  19  19  19  19  19  19  1	ctory, street, office bldg., etc.)	ounty) (Stote
saw the deceased alive an UOV. 21 1960, and that d		
Jack Crawcel		22b. DATE SIGNED
NAME Glype) ACK (ROWE-1/	2025 EYE St., UN Washi	ngton D.C.
Burnel nov 25-40 Cedar/Hi	el Suitland, ma	england SNAVIRE
Semmons Bros 1661-gd Hope Rd 1	E West MON 2 0 100	
	b. CITY OR TOWN (If putside comprote limits, write RURAL and give ingerest lowns and comprote limits, write comprote limits, write RURAL and give ingerest lowns and comprote limits, write comprote comprome the restriction of the restriction	D. CITY OR TOWN If purpose profession limits, write RUBAL and general limits, write RUBAL and

er death. Page 4 uneral directar, TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

Then please remave corban popers. Poges 1 and 2 TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be rebain any ye the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the buriol-transit permit. Then please remave corban popers. Poges 1 and 2 the State Board of Health priar ta burial, cremation, or remaval, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/S9



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

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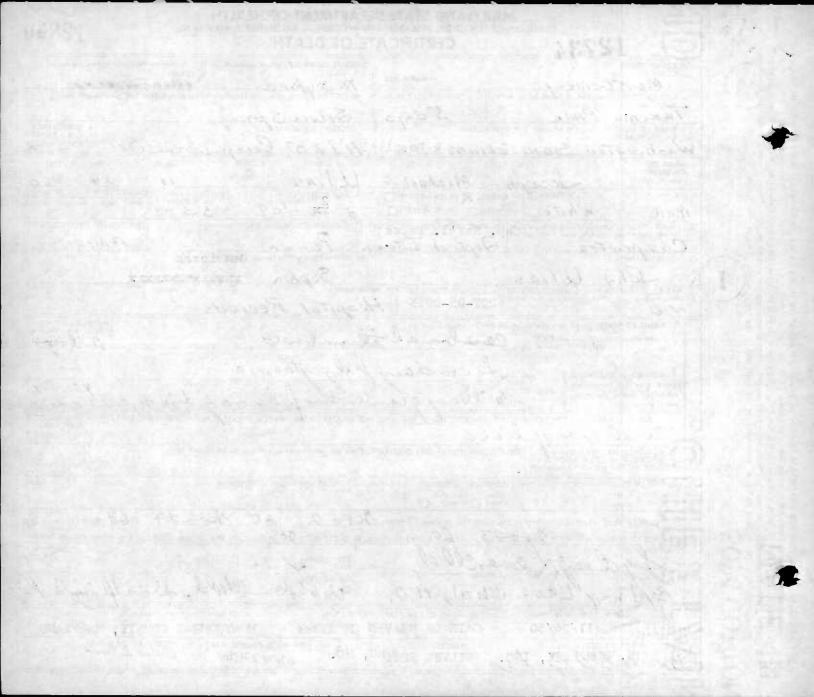
	1	2734		CERTIFIC	CATE	OF DE	ATH				16	0 = (
	1. PLACE OF DEATH O. COUNTY MONT	G-omery		MARYLA	0	STATE	,	re deceased lived	. COUNTY	Residence be		sion)
	b. CITY OR TOWN (I	If outside corporate line earest town)	nits, write c. L	ENGTH OF STAY IN	1b (			tside corporote lin				n)
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If nat in hospital,	give street addre	0 11	ital/	d. STREET AD	DRESS	Pollege. 1	View	100	ON A	SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)		irst ph	Middle Michael		Llia	s	4. DATE OF DEATH	Manti	2	Day 4	Yeor 1960
	s. sex Male_	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		TE OF BIRTH	-10:	las	E (In years birthday) 3 yrs.	Months Days	_	
	10a. USUAL OCCUPATION during most of work	ON (Give kind of wark king life, even if retire	d Ca po King		EN IO A	11. BIRTHPLA	CE (State of			12. CITIZEN	DEWHAT	COUNTRY
1	13. FATHER'S NAME	Ulia	.5		14	50		ME Dembio	zak	ocsot:		
1	1S. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FO (If yes, give war or dates of	annuign)	-05-0055	17. INFOR	Spita,	1 Re	ecords	Addre	ess		
		ATH [Enter anly and a ATH WAS CAUSED BY: IMMEDIATE CAUSE (	Can 1	(o), (b), ond (c).]	L. ER	comb	sais	/		IX   OI   &	TERVAL BI	ETWEEN DEATH
	Conditions, if a		o de	conda	y fr	olyc	the	ned				-
	gove rise to i cause (a), stating lying couse lost.		o mit	liany que	enulo	mothers	Rul	monay	dije	aze, cou	Le sen	engin
	5 Cent	HER SIGNIFICANT COI	léver	RIBUTING TO DEATH	H 8UT NOT	RELATED TO	HE TERMIN	AL DISEASE CON	DITION GIVE	N IN PART 1(0)		AUTOPSY DRMED?
	(IF EITHER, NOTIFY	AS UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCC	URRED. (En	ter nature of	injury in Pa	ort I or Part II of	item 18.)			
	20c. TIME OF INJUR Hour a.m. p.m.	RY Month, Day, Y 19	While	Y OCCURRED 20 Nat while of wark	e. PLACE ( factory,	OF INJURY (H street, affice	ome, farm, bldg., etc.)	20f. (City or tax	∾n)	(Count	у)	(Stote
		at (I) (this haspite sed alive an A	100	the deceased from 19 <u>60</u> , and th		occurred		O, ta A				
	220. SIGNATURE	Iney X	even	Mal	M.D.	ATTENDING PHYS.	DIRE	ST/	AFF YS.		22	2b. DATE SIGNEI
	22c. PHYSICIAN'S CHAME (Type)	ey Lev	enthe	31, M.D	,	921 G	Colex	willer	d, St	lousp	urg/	md
1	23a. 8URIAL, CREMATIC REMOVAL (Specify BURIAL)	23b. DATE THERE		TE OF HEA		MATORY EMETER		MONTGON		OUNTY, 1	(Sto	
	24. FUNERAL DIRECTOR WARNER E Valentian	PUMPHREY	wg. s	ADDRESS SILVER SPR	ING,	MD.	25a. REC'D DATE NOV	8Y REGISTRAR 2 9 '60	25b. REGIS	TRAR'S SIGNAT	URE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by page 3 shauld be detached far use as the buriol-transit permit. Then please remave carban papers. Pages 1 and 2 the State Board at Health prior to buriol, crematian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL VR A1S (4) 1SM 9/59

ther death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

funeral lould be fi



### STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacessed lived, If Institution: Residence before admission) a. COUNTY Page e. STATE b. COUNTY MARYLAND rector. b. CITY OR TOW c. LENGTH OF STAY IN 16 C. CITY OR TOWN (IF outside corporate limits, write RURAL and give nearest town) write RURAL and give n YOUR fif not in hospital, give street address; d. STREET ADDRESS refained State and 3 to the fune NAME OF DATE DECEASED OF the (Typa or print) DEATH 2 with th A. DATE OF AGE (In years | IF UNDER 1 YEAR ould be executed within 24 hours after dealin pencil in Item 18. Give Pages 1, 2, and 3 Office along with form PM3 Page 5 may purial-transit permit. File pages 1 and 2 without and in any exapt-within 72 hours. last bighday) WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, evan if retired) Michigan 14. MOTHER'S MAIDEN NAME lard S Upright Mary Lambert WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yas, no. or unkown) | (Ifyasgiyawarordalasofsarvica) Upright-wife-same 2d 578-05-2908 Ruth E. EDICAL EXAMMER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] Office along burial-transit g PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) gave rise to immediate cause "pending" 10 Examiner's DUE TO (a), stating the underlying 80 o cause last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)) 19. WAS AUTOPSY CERTIFICATION execute the certificate, writing the word 8 should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should b plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) Page Month, Day, Year While Not While factory, streat, offica bldg., atc.) 0 Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 7 Inquiry X agent, Natural causes Suicide Undetermined manner death resulted from: Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT **EXAMINER'S** NAME (Typa) Address (Street, city, town, or county) 9989 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION, its REMOVAL (Spacify) 240 Cedar Hill Cremation Crematory SultI Maryland Suitland 23. FUNERAL DIRECTOR VS. AISME arthur S. Krous Robert A. Bethesda, Maryland Pumphrey 160 DATE NOVIO 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO

19620

IF UNDER 24 HRS.

20

US

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO X

(Steta)

and in my opinion

DATE SIGNED

(State)

Year

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# funeral director, TO HOSPITAL of ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 si the State Board af Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death.

r death. Page 4

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft)

VR A15 (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

**BALTIMORE 1, MARYLAND** 

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	12	872		CERTIFI	CATE	OF DEA	ATH					7~	
1	PLACE OF DEATH	7		MARYL		usual RESIDEN o. STATE Puerto	-	deceased	lived. If institution b. COUNTY	an: Reside	ence befa	ire admis	sion)
	b. CITY OR TOWN (II RURAL and give ne Bethesda	outside carporate limi arest tawn (Rural)	ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)  Rio Piedras					n)		
1	OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET ADD	RESS	reet				ON	SIDENCE A FARM?
3	NAME OF DECEASED (Type ar print)	Fran	_	Middle Charles	5	URGELI		OF DEATH	Nove		Do	y 7	Year 19 60
	. sex Male	6. COLOR OR RACE Caucasian	7. MARR	DIVORCED		ATE OF BIRTH	92		9. AGE (In years last hirthday) 68 yrs.	Manths		IF UND Haurs	Min.
1	Oa. USUAL OCCUPATION during most of work Educator	DN (Give kind af wark in ing life, even if retired	)	KIND OF BUSINESS OR S. Dept. of S			E (State or Ri		untry)		S.A.		COUNTRY
1	3. FATHER'S NAME BONOCIO UF	RGELL				4. MOTHER'S MA			NTOS				
1	S. WAS DECEASED EVE Yes, no, or unknown) NO	R IN U. S. ARMED FOR If yes, give war ar dates of s	ervice)	social security no.  Jnknown	17. INFOR	Frank G	. Urg	ell,	Add 1633 L S	t.,N	N.Was	shDC	
	and the second second	TH [Enter anly one co TH WAS CAUSED BY: IMMEDIATE CAUSE (a		ne far (a), (b), and (c).]	secr	dial		And	'ord			SET AND	ETWEEN D DEATH
	Canditions, if an gave rise to it cause (a), stating lying cause last.	m mediate	)	Core	not	g <del>al</del>	hero	sel	lerose	4		· Lev	· yer
1401240	PART II. OTH			CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO TH	HE TERMINA	AL DISEASE	CONDITION GIV	VEN IN PA	RT 1(a) 1	PERFO	AUTOPS ORMED?
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	inter nature of in	njury in Par	t I ar Part	II of item 1B.)				
I A DI GALL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	While at war	Nat while	20e. PLACE factary	OF INJURY (Har , street, office bl	me, farm, ldg., etc.)	20f. (City	ar tawn)		(Caunty)		(State
1	21. I certify that saw the decease	9.7	ov. 7	led the deceased f		h accurred o	8:40	O ta	Nov . 7				(ke) la d abave
1	22a. SIGNATURE	HO,	0	ounel	M.D	ATTENDING PHYS.	MED.	сток 🗆	STAFF PHYS.			-7-6	2b. DATE SIGNE
		F. H. O'CON		, LCDR, MC,	USN	U. S.		. Hos	pital, B	ethe	sda,	Md.	
B	3g. BURIAL, CREMATIO REMOVAL (Specify) urial-Shipm	ent 11-9-0	1 -	23c. NAME OF CEMEN		norial C	em.	San	Juan	F	Puert		ico
3	R.A. Pumphre	110	Home,	Bethesda,	Md.		Sa. REC'D I			STRAR'S S			

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25b. REGISTRAR'S SIGNATURE

arilun S. Kraus

2So. REC'D BY REGISTRAR

DATE NOV 2 9 '60

uneral director, may be rehair, by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 sithe State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

Pumphrey Funeral Home, Bethesda, Md. VR A1S (4) 1SM 9/59

	PLACE OF DEATH O. COUNTY Montgomery		MARYLANI	There I Treated	(Where deceased liv	ed. If institution: b. COUNTY MONTGOM		admission)			
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, write corest town)	c. LENGTH OF STAY IN 1	c. CITY OR TOWN	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
_	Bethesda (		4 days	Bethesda		X					
	OR INSTITUTION	AL (If nat in haspital, give street	address)	d. STREET ADDRES	SS		e. 1	S RESIDENCE ON A FARM?			
	J. S. Nava	1 Hospital	THE PARTY NAMED IN	3018 Aberd	leen Road		Y	ES NO			
	NAME OF DECEASED (Type or print)	First <b>Helen</b>	Middle Cuthpert	VAN KEURE	4. DATE OF DEATH	Month Novemb	er 27	Year 19 60			
5. 5	SEX		RIED NEVER MARRIED	8. DATE OF BIRTH			UNDER 1 YEAR IF				
R	emale	Caucasian WIDOW	ED DIVORCED	3-2-82		78 yrs.	onths Days H	ours Min.			
_	. USUAL OCCUPATIO	ON (Give kind of work done 10b.	KIND OF BUSINESS OR IN		State or foreign count	ny)	12. CITIZEN OF W	HAT COUNTRY?			
	Housewife	ing life, even if retired)		Penns	sylvania	17.5	U.S.A.				
_	FATHER'S NAME			14. MOTHER'S MAID		1111111					
1	Robert MOI	TEN		Alice L	ALOR						
15.	WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	. INFORMANT		Address	same as	#2 abov			
(10	No. or unknown)	(If yes, give war or dates of service)		(H) RADM Alex	cander Van	Keuren.	USN, Re	**			
=		TH [Enter only one cause per li	ne for (a), (b), and (c).]	(az) suava suava			INTERV	AL BETWEEN			
	T - 1 - 2 to 4 10 to 5	TH WAS CAUSED BY:	maestive	cardiac	Faller	109	-	AND DEATH			
	F 14	IMMEDIATE CAUSE (o)	014 63 110 6	COVATOL	161119			vec.			
	Conditions, if a	300	troops to	re bleedin	a du alo	olu len	45				
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	lying cause last.	the under-									
Z		ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE T	ERMINAL DISEASE CO	ONDITION GIVEN	IN PART 1(a) 19.	WAS AUTOPSY			
ATIC								PERFORMED?			
FIC	200. ACCIDENT WA	S LINDERLYING TO 20h DES	CRIBE HOW INJURY OCCUI	PRED (Enter nature of injur	v in Port I or Port II o	of item 18.)		JE NO			
L CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	CAUSE HOW WOOM OCCO.	TREE, (SING) NOTICE OF HIPP	,						
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Year 20d. I While		PLACE OF INJURY (Home, factory, street, office bldg.		town)	(County)	(Stote)			
ME	p. m.	19 at wa				Alabe J No					
	21. I certify tho	t (this haspital) attend	ded the deceased from	Nov. 23	3 10 60 N	ov. 27	19 60 that	(We) lost			
		sed alive an Nov . 2		t death occurred at	S: 10AM	couses and					
	220. SIGNATURE							22b.DATE			
	Clif	H M bust	ukini	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS. 🛣	1	1-27-60			
	22c. PHYSICIAN'S			22d. ADDRESS							
	NAME (Type)	Clifford M. HE	RMAN, LT. MC.	USN U. S. I	Naval Hosp	ital, Be	thesda, 1	Md.			
230	BURIAL, CREMATIC	N, 23b. DATE THEREOF	23c. NAME OF CEMETER			N (City, town, or c		(Stote)			
	REMOVAL (Specify)		Arlington		Arlin	aton	Virgi	กริก			

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# may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by me funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be fifted with the State Board of Health prior to burial, cremotion, ar remaval, and in any event, within 72 hours after death. death. Page ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VR A15 (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH 12874 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12844

		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where de	ceased lived. If institution: Residence before admission)
	0	O. COUNTY MENTGOMERY MARYLAND O. STATE MARYLA	4ND b. COUNTY Mont GONERY
	ь	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside	corporate limits, write RURAL and give nearest town)
i,		RURAL and give nearest town)  Bethes DA  51 Chevy C	hase Min.
	-	d. NAME OF HOSPITAL (If not in haspital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1		Suburban Hespitah 7501 W	YNDALE RD YES NOTE
I			ATE Month Day Year
		(Type or print) LOUISE - VEINMEYER	EATH NOV. 4 19 60
H	S. S	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.
		WIDOWED DIVORCED AUG. 4. 188	8 lost birthdoy) Months Days Hours Min.
	10a.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or ford during most of working life, even if retired)	eign country) 12. CITIZEN OF WHAT COUNTRY?
	1	TEACHER VY. High TEACHER WAShin	ric Ton N. 11.5.
4	13, 1	13, FATHER'S NAME	
_	1	O. ChiUER VEINHEYER Nekhie	LEBYY
		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown)   (If yes, give wor or dates of service)	Address
		NO Mrs. HeLEN 1	HOLHES - SHIVE
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	3 wks.
		Land and Due to	3
		Conditions, if ony, which) (b) / ly per denoun Cardio (	end Disease 10 years
		gove rise to immediate couse (o), stating the under-	
		lying cause last. (c)	
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
0			YES NO NO
	CERTIFI		or Port II of item 18.)
	. 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	WEDICAL	5 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f factory, street, affice bldg., etc.)	(City or town) (County) (Stote)
	MEC	While Not while of work of work	
		21. I certify that (1) (this haspital) attended the deceased fram. 10/21. 1960	to 11 / 4 , 19 6 Pihat (1) (we) last
		saw the deceased alive an 11/4 19 60 and that death accurred at 110 M, 1	from the causes and an the date stated above.
		22a. SIGNATURE	28b.DATE
1		Alun Day M.D. ATTENDING DIRECTO	- 31AII - 44 / 1 / 1
		22c. PHYSICIAN'S NAME (Type) 2 / 22d. ADDRESS	C - (1-)
		AIVIN L KAY MD 1834	Eye sonw-
	23a	23c. NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Specify)	LOCATION (City, town, or county) (Stote)
		BURIAL 11-8-60 Mt. OLIVET CEMETERY W	ASHINGTON. D. C.
	24.	24. FUNERAL DIRECTOR'S SIGNATURE ACCIONATION ADDRESS WASH. D. C. 250. REC'D BY	REGISTRAR 256. REGISTRAR'S SIGNATURE
		FRANCIS J. COLLINS 3821 14Th. ST. N. W. DATE NOV 7	'60 Orthug S. Kraus

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1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
	Montgomery MARYLAND	Mary land b. COUNTY Montgomeris						
	b. CITY OR TOWN (If outside deporate limits, write c. LENGTH OF STAY IN 1b BURAL and give nearest town)	c. CITY OF TOWN (If outside corporate limits, write RURAL and give hearest town)						
17	akoma Park	Silver Spring 34						
	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENC ON A FARM						
6	Vashington Jan y Hospital	39/3 Little ton St. YES NO						
	NAME OF First Middle	Last 4. DATE Month Day Yeor						
	(Type or print) Letta Melvi	na Walliker DEATH NOU. 4 196						
5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 H Months Days Hours Mir						
	Female White WIDOWED DIVORCED	3-21-79 8/ yrs. Mollins Doys Hours MIT	1.					
10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)	Torso	RY?					
L	louse wife	Iowa U. S. A.						
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Knut Liquin	Eliza ? (Unknown)						
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address						
L	No None	Hospital Records						
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATI						
	PART I. DEATH WAS CAUSED BY: Cercora	I bluor hage 20 day						
	33 /X DUE TO							
	Conditions, if ony, which) (b) Certery	selevors. Generalized unknow	122					
	gove rise to immediate couse (a), stating the under-							
П	lying couse lost. (c)							
ON N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOP	SY					
SAT	Centerio clerotic h	east disease YES NO						
CERTIF	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)						
-		LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sto	ote)					
MEDICA	Hour o. m. While Not while fo	octory, street, office bldg., etc.)						
>		10/10 10/0 to 11/4 19/0 that (1) (we) 1	-					
	21. I certify that (1) (this hospital) attended the deceased fram.	(i) (we)						
	saw the deceased glive an							
22b. DATE  22c. SIGNATURE  ATTENDING  MED. STAFF  PHYS. DIRECTOR PHYS. DIRECTOR PHYS.								
	22c. PHYSICIAN'S NAME (Type) EINO MAGI	9/8 Univ. Blood, E. Silv. Sparg Med						
23c	Burial, Cremation, 23b. Date thereof removal principles 23c. Name of Cemetery of Springdal	e Cemetery 23d. LOCATION (City, town, or county) (Stote)						
24.	EXPLANT DIRECTOR'S SIGNATURE ADDRESS	250. SEC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE						
1	111 Pilmuhbu - 13) / W/1011	May NOV 9 '60 Chilling & House						

r death. Poge 4 be filed with uneral directar, TO HOSPITAL OF ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours off may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifte State Board of Health prior to burial, crematian, or remayal, and in any event within 72 hours after death.

VR A15 (4) 15M 9/59

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

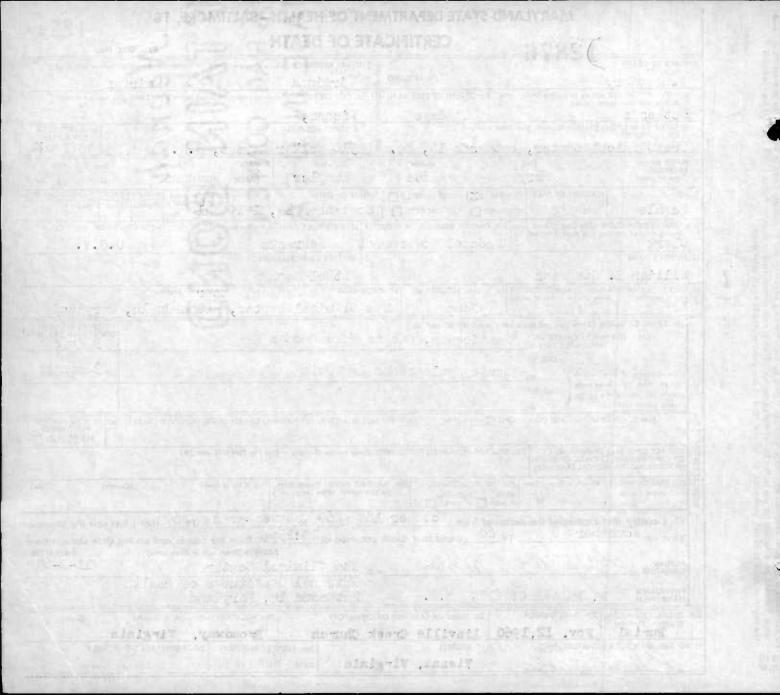
12847

	12X/h								Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY Montgomery			MARY	AND	2. USUAL RESIDE o. STATE Virgin	NCE (Whe	re deceased	lived. II institut b. COUNT			dmission)
b. CITY OR TOWN (If our RURAL and give neares	c. CITY OR TOWN (Il outside carporate limits, write RURAL and give nearest town)										
Bethesda 21 days					Vienna					0 3	2/3
d. NAME OF HOSPITAL ( OR INSTITUTION				1.3	d. STREET ADI		04	4 0 11		(	S RESIDENCE ON A FARM?
The Clinical  3. NAME OF		<u>De ur</u>		d.		-		t, S.W.		1 "	ES NO E
DECEASED (Type or print)	Fint Mary		Alice		Wampl.		4. DATE OF DEATH	Novemb	nth er	Boy 8	19 60
S. SEX 6.	COLOR OR RACE 7	MARRI	IED NEVER MARRIE	D	B. DATE OF BIRTH			9. AGE (In years			UNDER 24 HRS.
Female		VIDOWE	_	_	Septembe			lost birthdoy)		Days Ho	ours Min.
10a. USUAL OCCUPATION ( during most of working	Give kind of work do	ne 10b.	KIND OF BUSINESS OF	NDUS	TRY 11. BIRTHPLAC	CE (State o	r foreign ca	untry)	12. CITIZ	EN OF W	HAT COUNTRY
Clerk	me, even in remed,	Fe	ederal Gove	ent Nebraska			U.S.A.				
13. FATHER'S NAME					14. MOTHER'S M	AIDEN NA	AME				
William R. S	Stephens				Ethel Bank						
15. WAS DECEASED EVER IN	U. S. ARMED FORCE	\$7 16.	SOCIAL SECURITY NO.	17. 11	NFORMANT The	Medi	cal R	ecord Ad	dress		
No	s, give wor or outes or servi		None	Th	ne Clinic	al Ce	nter.	Bethese	da lli.	Mary	land
PART I. DEATH IMPLIED TO THE IMPLIED	WAS CAUSED BY: MEDIATE CAUSE (a)  DUE TO  which diate  (b)	Sep	oticemia, d							ONSET .	AL BETWEEN AND DEATH days Months
PART II. OTHER S  PART III. OTHER S  20a. ACCIDENT WAS UIT OR CONTRIBUTING (IF EITHER, NOTIFY MED	NDERLYING 20		ONTRIBUTING TO DEA						VEN IN PART	P	VAS AUTOPSY ERFORMED? S NO
20c. TIME OF INJURY A Hour a. m. p. m.	Month, Day, Year	While	Not while of work	20e. PLA faci	CE OF INJURY IHo tory, street, affice b	oldg., etc.)			0.0165	ounty)	(Stote)
21. I certify that olive on November actual signature Physician's NAME (Type) W	ottended the doer 8	12 5	bre 4	er ]	occurred ot 1.  The C1  Nation Bethes	inica	M, from DORESS (Sm. 1 Central	the causes et, city or town ter tes of	and on the , state)	e date s	the deceased stated above DATE SIGNED 1-9-60
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	Nov. 12,1		22c. NAME OF CEME				Broad	ON (City, town,	or county)  irgini		(State)
23. FUNERAL DIRECTOR'S SIG	GNATURE MOTHEY		ADDRESS		2		BY RECUSTE	AR 24b. REG	STRAR'S SIGN	VATUREA	

er death. Page 4 funeral directar, auld be filed with may be retain.

TO FUNERAL DIRICTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL O

VS A15 (4) 1SM 10/S7



	PLACE OF DEATH		2. USUAL RESIDENCE (Who			n: Residence b	pefare admiss	ion)
	MONTERY M	ARYLAND	O. STATE MARY	1 LAND	. COUNTY	Mont	facm.	ERV
	c. CITY OR TOWN (If outside carporate limits write   c. LENGTH OF S	TAY IN 16	c. CITY OR TOWN (IF	utside carporote lin	its, write RU	RAL ond give	hearest town	1)
15	RURAL and give nearest town)  DETHES ) A 18h	Y5.	Rockwill	LF.	MID	13	0	
	d. NAME OF HOSPITAL (If nat in hospital, give street address)		d. STREET ADDRESS				e. IS RES	IDENCE FARM?
7 1	SUBUYBAN HOSDIT	AL	709 000	GLAS	AUE			NONE
3.	NAME OF First Mi	ddle	Last	4. DATE	Manth	)	Day	Year
	Type or print) NATHANIEL		WARREN	OF DEATH N	0V.	29		1960
S. S	11.	THE L	DATE OF BIRTH	9. AGI	E (In years birthdoy)	Manths Da		Min.
	7772	RCED	1/28/ 78	6	2 yrs.			
10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINE during mast of working life, eyen if retired)	SS OR INDUST	TRY 11. BIRTHPLACE (State	ar foreign country)		12. CITIZEN	OF WHAT C	OUNTRY
	TRUCK DRIVER TEED C	OMp.	Po obseri	17- 162		U,	0	
13.	FATHER'S NAME	4	14. MOTHER'S MAIDEN N	AME's HICL				
	Charles H. Warren		Melin	da Lee				
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INI	ORMANT		Addre	95.5		
1,,,	No.	Ch	erles Warre	n Bro	ther S	ame as	Above	
	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and	044				11	NTERVAL BE	TWEEN
16	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMON	ARVI	EDEMA				DNSET AND	DEATH
	DUE TO							-
	MINAC ACT	DIAL	INFARETIO	N			24 W	Po
1	gave rise to immediate	21/75	111111111111111111111111111111111111111	, ,			-1-1	Disc.
	couse (a), stating the under-	SCIE	COTIC HEA	PT 'DI	SEASE		UNK	NAZAA
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO						a) 19. WAS	AUTOPSY
CATION	UNKNO						PERFO	RMED?
CERTIFI	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCCURRED	. (Enter noture of injury in P	Part I or Port II of i	tem 18.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED		CE OF INJURY (Hame, form,		n)	(Cour	nty)	(State)
MEDI	Hour a.m. While Nat while p. m. 19 of work at work		ary, street, affice bldg., etc.	1				
1	21 I certify that (I) (this haspital) attended the decea	- d 6 A	VAV 28 10	lev. to M	0V29	1de0	Ab - A (1) /	
			eath accurred at	4				
	220. SIGNATURE		A TTENDING				221	b. DATE SIGNED
1	Edward U. Deeman	- N		RECTOR PHY	rs.			0.0
	22c. PHYSICIAN'S NAME (Type) EDLVARD A. BEEN	NAN		UZOGEL VER SP			u	
230	. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF	CEMETERY OR	CREMATORY	23d. LOCATION (	City, town, o	r county)	(Stot	le)
	REMOYAL (Specify) 12/3/60 Line	Park., Rockville, Md.						
24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		250, REC'I	BY REGISTRAR		TRAR'S SIGNA	ATURE	
		ville,	Md.	1 '60		in S. the		

er death. Page 4 TO HOSPITAL PATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of er death. Page 4, may be retained by the haspital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Lone funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event/within 72 haurs after death.

VR A1S (4) 1SM 9/59

MACE TO THE CHILDREN A CONTRACTOR OF THE PROPERTY O - Property of the second Charles of the state of the sta .Ed., deleta, call e and a second white I district the second of the

1. PLACE a. CO				MARYLANI	0	SUAL RESIDENCE (W. STATE		ed lived. If instituti b. COUNTY			ission)		
b. CIT	Y OR TOWN (IF	OUTSIDE CORPORATE LIMIT	ts, write	c. LENGTH OF STAY IN 1	-	MARYLAND MONTGOMERY  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
KUI	RAL ond give ne			53 HOURS		GERMAN	NTOWN						
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION						d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \text{NO} \( \text{T} \)							
	-			AL HOSPITAL	11 1		T						
DECEA (Type		Fir MAF		JOHNSON	W	Last A S H I N G T O N	4. DATE OF DEATH	Novemb		Day	19 60		
S. SEX		6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. DAT	TE OF BIRTH		9. AGE (In years	IF UNDER 1 Y		1		
F	EMALE	COLORED	WIDOW	DIVORCED	111	- 41916		last birthdoy)	Months Do	ys Hours	Min.		
Da. USU	AL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR IN	OUSTRY 1	1. BIRTHPLACE (State	e or foreign o	country)	12. CITIZEN	OF WHAT	COUNTRY?		
		ing life, even if retired		lousewife		MARYLAI			US	SA			
3. FATH	ER'S NAME				14.	MOTHER'S MAIDEN	NAME						
		Unknown		Johnson		ISABELL	DORSE	Y					
	DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO. 17	. INFORM	ANT		Add	ress				
	,				Но	SPITAL REG	CORDS.	OLNEY. M	ARYLANI	D			
go cou lyir	nditions, if ar we rise to ir se (a), stating ag couse lost.	the under-	12	Bilatua	l	Ruador	won	lews	elem	afre	urke		
CATION	PART II. OTH	er significant con	DITIONS	CONTRIBUTING TO DEATH I	IUT NOT I	RELATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	/EN IN PART 1(	PERF	ORMED?		
∝ OR (	ONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUI	RED. (Ent	er noture of injury in	Port I or Po	rt II of item 18.)					
WEDICAL 20c.	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a. m.  p. m.  19  Other work at work at work work work work work work work at work work work work work work work work												
		, , ,	) atten	ded the deceased from	/	/	, to_	4/9/			(we) last		
-	the deceas	ed alive an	7.	19 (co, and tha	t death	accurred 91. 2	9/My fram	the causes ar	nd an the d		d abave		
L	PIGNATURE	eador	2 4		M.D.	ATTENDING PHYS.	MED. DIRECTOR [	STAFF PHYS		11/2	SIGNED		
22c.	PHYSICIAN'S NAME (Type)	G.F. M	EA	DORS, MD		DAM	+ 500	s, MD.					
	IAL, CREMATIO	N, 23b. DATE THEREC	OF CO	23c. NAME OF CEMETER			23d. LOCA	TION (City, town,	or county)	(St	ate)		
24 FUNE	RAL DIRECTOR	S SIGNATURE	2000	ADDRESS Kin	000	DATE 250. REC	D BY REGIS	0	STRAR'S SIGN				

Company of the compan

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

511101011 01	STATISTICAL RESERVED AND	WE COMPS	07411
2879	CERTIFICATE	OF DE	ATH

12850

	12013	CERTITION	AIL OI DE						
1. PLACE OF DEATH		MARYLAND	2. USUAL RESID	ENCE (Where	deceased lived.	If institution:	Residence before	ore admission	1)
Montgomer			Distric	t of (	Columbia			V	
b. CITY OR TOWN ( RURAL ond give n	If outside corporate limits, write earest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outs	side corporate lim	nits, write RURA	L ond give ne	earest town)	5
Bethesda	(Rural)	18 mos.	Washing	ton			17 X	-	5
OR INSTITUTION	TAL (If not in haspital, give stre	et address)	d. STREET AL		- C+	N. LI		e. IS RESIDE	ARM?
U. D. Nav	al Hospital		4051 Se			N.W.		152 1	40 L
3. NAME OF DECEASED (Type or print)	First	Middle Work	WEBF		OF DEATH N	Manth ovember		ay Yed	1
5. SEX		RRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGI	E (In years IF	UNDER 1 YEA	R IF UNDER	24 HR
Female	Caucasian WIDO		9-26-9	90	last	O yrs. M	onths Doys	Hours	Min.
On USUAL OCCUPATION	ON (Give kind of work done 10	b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLA	ACE (State or	foreign country)		12. CITIZEN O	F WHAT COL	JNTRY
Housewif	king life, even if retired)		Ne	w York	2		U.S.	A.	
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NA	ME				
Harry WORK			Mary 3	JUDGE					
		6. SOCIAL SECURITY NO. 17.	INFORMANT			Address		64 - 10-1	
(Yes, no, or unknown) NO	(If yes, give war or dates of service)		Hospital F	Records	3		100		
Conditions, if a gave rise to a cause (o), stoting lying couse lost.	mmediate the under-		eial threatheres					24 m	
PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	HER SIGNIFICANT CONDITION	IS <u>CONTRIBUTING TO DEATH</u> BI	UT NOT RELATED TO	THE TERMINA	AL DISEASE CON	DITION GIVEN	IN PART 1(o)	PERFORM YES 1	VED5
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING DEATH AND ASSESSED AS DEATH AND AS DEATH AND ASSESSED AS DEATH AS D	ESCRIBE HOW INJURY OCCUR	RED. (Enter noture of	injury in Por	rt I or Port II of i	tem 18.)			
Y 20c. TIME OF INJUI Hour o. m. p. m.	Wh		PLACE OF INJURY (H foctory, street, office		20f. (City or tow	vn)	(County	1)	(Stote
saw the decea	at (X (this haspital) atte sed alive an Nov . 2	nded the deceased fram	death accurred	3 10:10 10:10	PM Nov			hat <b>(*</b> ) (we e stated a	
22a. SIGNATURE	2. 6 M	ruth	M.D. ATTENDING	MED.	CTOR PHY	FF rs. 🛣		22b. [	ATE SIGNE
22c. PHYSICIAN'S NAME (Type)	R. G. MUTH, I	T, MC, USN	U. S.		l Hospit	al, Bet	thesda,	Md.	
	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23	3d. LOCATION (	City, town, or o	county)	(State)	
Burial Specify	11-1-40	Arlington	National		Arling	7		ginia	
20 ENPRAL DIRECTOR	'S SIONATURE	ADDRESS		25a. REC'D	BY REGISTRAR		AR'S SIGNATI		
R. A. Pumpk	hey Tuneral Ho	me, Bethesda,	Md.	DATE NOV	17 '60	and	w7 8. 16	alla	

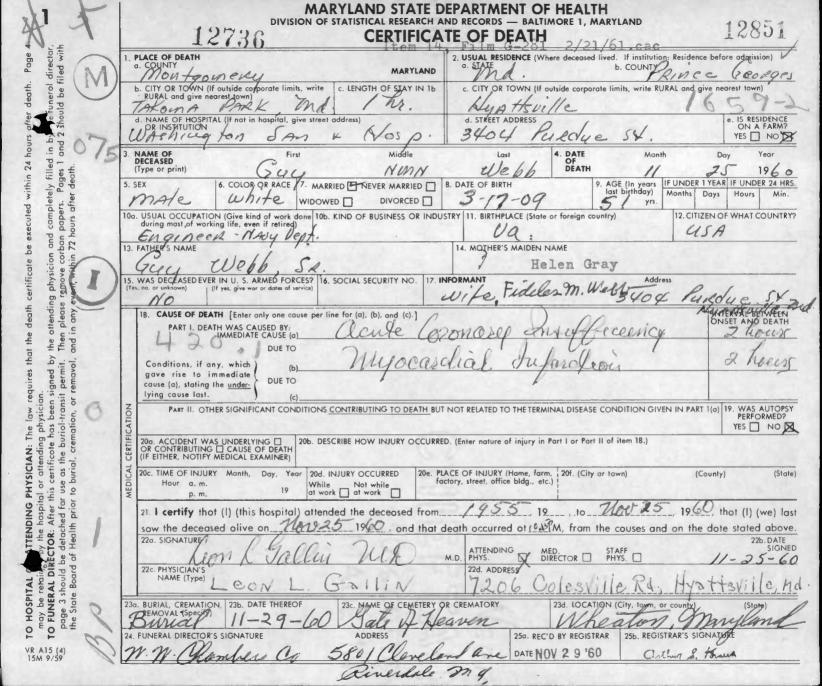
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retained by the hospital ar attending physician.

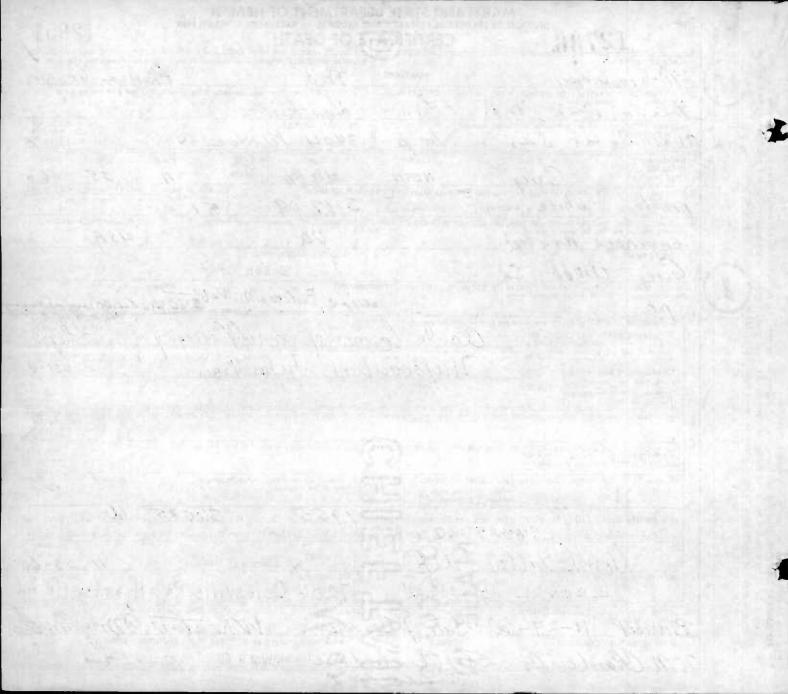
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death. Page 4

e funeral directar, ould be filed with

ELESCIONERS CREEKING Letin same told and I. H. Park Transport with Still Park Town agencial -----abuneal Englands A STATE OF THE PARTY OF THE PAR - 45-11-13 JOHN 200 - 21 JOHN . If y said the control of the property of the distribute assuming to the land of the land of The state of the s





death. Page 4

VR A1S (4) 1SM 9/59

	1. PLACE OF DEATH				8.0	2. USUAL RESID	ENCE (Wh	ere deceased	lived. If instituti		efore admiss	ion)
		tgomery		MARY	LAND	N .	wland	1	b. COUNTY	Montgo	momr	
(M)		(If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 16				rote limits, write R			1)
	Beth			5 days			vy Ch	ase				
	d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	ive street o	ddress)		d. STREET AL	DDRESS				e. IS RES	FARM?
ATIL		Suburban				1.6	29	Hunt /	170		YES [	NO D
14	3. NAME OF	Fir	st	Middle		Lost		4. DATE	Mor	th	Day	Yeor
et.	(Type or print)	Franc		W		White			Novemb			19 60
Ď	5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRI	ED 🔲	B. DATE OF BIRTH			9. AGE (In years lost birthdoy)	Months Da	AR IF UNDI	R 24 HRS.
fe	Remale.	White	WIDOWE	DIVORCE	D	77/22	100		יאין איני.		5 10013	Min.
o suns	10a. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	done 10b. K	CIND OF BUSINESS O	R INDU	STRY 11. BIRTHPL	CE (Stote	or fareign co	ountry)	12. CITIZEN	OF WHAT	OUNTRY?
2 hc	H	ousewife			•		AFT	ron N	ew York	II	SA	
	13. FATHER'S NAME					14. MOTHER'S	WAIDEN'N	IAME.				
-	He	rman Um	alo +			150.50	Flla	Cook	9			
3	15. WAS DECEASED EV	ER IN U. S. ARMED FOR		OCIAL SECURITY NO	. 17, II	NFORMANT	Dalante Ch	7.0	Add	ress	n.:	
( L	No.	(If yes, give wor or dates of s		Unknown	100			18	Peacock	_		
×	· NO	A-11			1 0	Benjami	n, Whi	to	Lexingto		NTERVAL BE	TWICELL
0		ATH [Enter only one co	use per line	e for (0), (b), ond (c).		. /	c de	1/1. h	11/1		NSET AND	
. <u></u>	P 6	IMMEDIATE CAUSE (o	1-4	DEFEL	1	1111	//	914	1XIC		2/10	1610
an	33	DUE TO	1	1/-	//		1/1	11/ 1	4		1-1	
ol,	Conditions, if	ony, which ) (b	1/1/1	PRHICH		LALAS AL	2112	to dite	Mik St.	11 1	- / pool	250
√or √or	gove rise to	immediate DUETO	1	0 -		1	019	/			- 4	/
ē	lying couse lost	The under-	1/7	Kalla	10	CAN'S	Ven	10			- 7/1/2	exco
0		THER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DE	ATH RUT	NOT RELATED TO	THETERMI	NAI-DISEASI	E CONDITION GI	VEN IN PART 16	1 19. WAS	AUTOPSY
Cation	S COUL	rinoma	10	Deneas	el,	Juigin	2//4	SEE	UACA		PERFC	NO
Crem	□ OR CONTRIBUTION	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY O	CCURRE	D. (Enter noture of	injury in 1	Port I or Port	I II of item 18.		)	
lo l	-				Inc. in	/			/			
ta burial	Hour o.m.	10	ar 20d. IN While of work	Not while of work		ACE OF INJURY (Hoctory, street, office			or town)	(Cou	nty)	(Stote)
prior	21. I certify th	at (I) (this haspita	) attende	ed the deceased	fram		10	53. ta	NOUIR	1960	that (I) (	we) last
4		ased alive an										
Head.	220. SIGNATURE	sed dive dil	_0_921_,	2 1 1 1 A	marc	Jedin uccorrec	0110-6	ivi, irum	me cooses of	ia un me a		b. DATE
		Stewen		Warts		M.D. ATTENDING		ED. RECTOR	STAFF PHYS.		11/1	SIGNED / 60
State Board of	22c. PHYSICIAN'S NAME (Type)	Stewar	+	00		22d. ADDRE	- /	···· Ch	ine he	Che	y Ci	hase
0		Charman		epp				y	MSC-NC		Trid.	
Sto	23a. BURIAL, CREMATI REMOVAL (Specify	ON, 236. DATE THEREC		23c. NAME OF CEM		R CREMATORY			TION (City, town,		(Sto	
to the	Cremation		1960	Cedar H	[ill_			Pri	nce Geo	rge Ma	arylar	nd
11	24. FUNERAL DIRECTO			ADDRESS			25a. REC'	D BY REGIST	RAR 25b. REG	ISTRAR'S SIGNA	ATURE	
4	Robert A.	Pumphrey	Be	thesda, M	lary	land	DATENO	V 2 2 '60	an	Thur & the	atth	

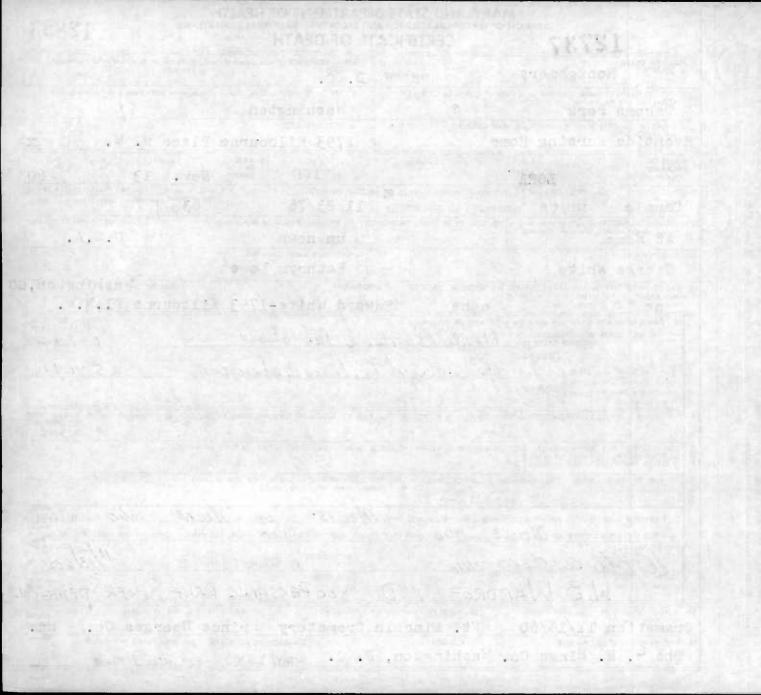
Committee at / 18/18/09 Ceder Bill-Robert of Tanglary Bethosda, Varyland Joseph

1. PLACE OF DEATH o. COUNTY	Montgomer	y	MARYLAN		JSUAL RESIDENCE (WHO STATE	ere deceased	lived. If instituti b. COUNTY	on: Reside	ence befor	re admissi	ion)
RURAL and giv	(N (If outside corporate limi ve negrest town) a Park	ts, write c. LEN	GTH OF STAY IN		washingt		ote limits, write R	URAL ond	give nea	rest town	-3
d. NAME OF HO	e Nursing 1	ive street oddress) Home			d. STREET ADDRESS 1753 Kilb	ourne	Place	N.	W.		FARM?
3. NAME OF DECEASED (Type or print)	LOR		Middle		WHITE	4. DATE OF DEATH	Nov.	13	Day	′	Year 19 60
5. SEX female	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED [		1/23/76	9	P. AGE (In years lost byrshdoy) yrs.	Months Months	R 1 YEAR Doys	Hours Hours	Min.
10a. USUAL OCCUP during most of At HO	ATION (Give kind of work working life, even if retired	done 10b. KIND C	PF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Stote unknown	or foreign cou	entry)		U.S		OUNTRY?
13. FATHER'S NAME	e White			14	MOTHER'S MAIDEN N						
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FOR (If yes, give war ar dates of s			7. INFOR	want rd White-	1753	Kilbou			-	on,I
Conditions, gave rise to	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  if ony, which o immediate bing the under- ost. (c)	gen	u Coard ualized	aios	Tens se	livere	7		5	-2-	110.
ICATIC	OTHER SIGNIFICANT CON							VEN IN PA	RT 1(o) 1	PERFO	NO
	WAS UNDERLYING [] TING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCL	JRRED. (En	iter noture of injury in	Port I or Port	II of item 18.)				
20c. TIME OF IN Hour o. p.		While N	OCCURRED 20e of while work		OF INJURY (Home, form street, office bldg., etc		or town)		(County)		(Stote)
sow the dec	that (1) (this hospital cosed olive on Mo				occurred of LLiz		he couses ar			stoted	
22c. PHYSICIAN	MU ande	of mi	2	M.D.	ATTENDING MPHYS. DI	ED.	STAFF PHYS.	- 1	11/	13/60	SIGNED
NAME (Typ	W.D.IN.	ARDRO	P. Mi	D,	800 PERS	HING	DRIVE	Situ	ERS	PRI	76 Mg
Cremati		Ft			rematory	Prin	ON (City, town,	rges	Co		Md.
The S.			DDRESS hington	, D.	a	1 5 '60	AR 25b, REGI	STRAR'S S			

death. Page 4

uneral directar Then please remave carbon papers. Pages 1 and 2 should be filed-with TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

TTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs TO HOSPITAL VR A15 (4) 15M 9/59



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and

Pages 1

papers.

death. carban physician

please remave within 72 haurs attending

ar attending physician. s certificate has been signed by as the burial-transit

remaval,

page 3 shauld be detached

registrar

may be retained by the TO FUNERAL DIRECTOR:

VS A15 (4) 1SM 9/SB

and campletely filled in by

requires that the death certificate be executed within 24 haurs

Reg. Dist. No.

-								
	COUNTY	OSMEN	MARYLAND	2. USUAL RESIDENCE (		. If institution: Reside	nce before od	mission)
Ŀ	CITY OR TOWN (If RURAL and Sive new)	straide corporate timits, writestrown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	f outside carporote tin	nits, write RURAL and	give nearest t	own)
(	d. NAME OF HOSPITAL	L (If not in haspital, give stre	eet address), +n	d. STREET ADDRESS	Easten	Bine	01	RESIDENCE N A FARM?
- (	NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Manth	Day 12	Year 1960
5. S		6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AG	E (In years IF UNDE birthday) Months	R 1 YEAR IF UI	NDER 24 HRS.
/	dyring most of working	(Give kind of work done 1)	06. KIND OF BUSINESS OR INDU	2 Germa	actown 1		IZEN OF WHA	SA,
Ľ	WAS DECEASEDEVER	charial	Williams	14. MOTHER'S MAIDEN	lelia	R. Sa	per	1 10
(Yes	, no, or unknown	yes, give war or dates of service)	214.03-0505	Ruth We	Eleans 13	abele &	rikes	mond V.
7	Canditions, if ony gove rise to improve cause (a), stating the lying cause lost.	mediate DUE TO (c)	Arteriose	Infarct, lensis o	posteria F Covar	Septal.	ONSET A	BETWEEN ND DEATH
FICATION			NS CONTRIBUTING TO DEATH BU				PE	AS AUTOPSY REORMED?
L CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M	CAUSE OF DEATH EDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Fort t or Fait it of	nem rb.)		
MEDICA	20c. TIME OF INJURY Hour o. m. p. m.	Wh		LACE OF INJURY (Home, for octory, street, office bldg.,	arm, 20f. (City ar to	vn)	(County)	(Stote)
	ACTUAL SIGNATURE	mulul R.Do	Things	7, 19 <u>60</u> , to h accurred at 1110 M.D. 10620	AM, from the c ADDRESS (Street, c		e date sta	
220	BURIAL, CREMATION	22b. DATE THEREOF 11/15/60	22c. NAME OF CEMETERY C			City, town, or county)  ng to n, D. (		Stote)
23.	The Rector's	SIGNATURE	ADDRESS A GAILLUH &	1110	C'D BY REGISTRAR	24b. REGISTRAR'S S		

PEARS TO THE PROPERTY OF THE PEARS L Series william to 1994 to The state of the s 5. A SECURE OF THE PARTY OF THE PA The first decision of the transfer of the second the se

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12855

r death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hayes after death.

NTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL VR A15 (4) 1SM 9/59

1~00	CERTITIOA	IL OI DEATH					000
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who a. STATE MARYLAN		lived. If institution b. COUNTY	MONTGO		ssion)
b. CITY OR TOWN (If autside carporate limits, write	c, LENGTH OF STAY IN 16	& CITY OR TOWN (If o		ate limits, write RI			vu)
RURAL and give nearest town)		Late Ca			J		,
d. NAME OF HOSPITAL (If not in hospital, give stree	10 days	d. STREET ADDRESS	DILVER	SPRING		a IS PE	SIDENCE
OR INSTITUTION						ON	A FARM?
SUBURBAN Hosp		1 10210 MEN	1			YES	NO 🔯
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Mont	th	Day	Year
	OUISE WILSO		DEATH		ov.	6	19 60
5. SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Da		
Female White WIDOV	VED DIVORCED	11/23/14		45 yrs.	monnis od	73 110013	Will.
10a. USUAL OCCUPATION (Give kind of work done 10b			or foreign co-	untry)	12. CITIZEN	OF WHAT	COUNTRY?
C. C. Analyst	xon Electronic	Califo	ornia		T	I.S.A	
13. FATHER'S NAME	1246	14. MOTHER'S MAIDEN N					-1-51
William F. FAUVER XX	YYYYY	Edith M.	mondst	on			
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	A DE MINISTER DE LA CONTRACTOR DE LA CON	NFORMANT	MOTION O	- Addr	ess		
(Yes, no. or unknown) (It yes, give war or dates of service) 5	27-26-3750	Son Robert	/ Come	as Item	3		
18. CAUSE OF DEATH [Enter only one cause per	line for (a) (b) and (c) 1	Son woost.r	Counte	as I usu	-	INTERVAL E	RETWEEN
PART I. DEATH WAS CAUSED BY:	120025	o Fa	1/1	0		ONSET AN	D DEATH
IMMEDIATE CAUSE (a)	116/16/11	0 / 1	110				N
580 X DUE TO	12/200 to	1	En	10001-	(211)	in 1	)
Canditions, if any which (b)	1150011	C 10	1-01	(0515	100	KAL	
couse (o), stating the under-	/						
lying cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(	d) 19. WAS PERF	ORMED?
3 IUMOR C	orkt. Ndre	ne Co	nte	Y		YES Z	NO [
PART II. OTHER SIGNIFICANT CONDITIONS  TOMOR  20g. ACCIDENT WAS UNDERLYING   20b. DE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Port	II/of item 18.)			
		ACE OF INJURY (Hame, farm		ar tawn)	(Cou	nty)	(Stote)
Hour o.m. p. m. 19 While	e ladi wille	ctary, street, affice bldg., etc.	'				
		10/14	60.	11/6//00	10	11 1 (1)	, , ,
21. I certify that (I) (this haspital) atten	1 -		60, to		, 19		
saw the deceased alive on 220. SIGNATURE 7	p.V. IY, and that a	death occurred of 2:4	M, from	the causes an	d on the d		d above.
John O Call	lien	M.D. PHYS. DI	ED. RECTOR	STAFF PHYS.	7	lor 7	SIGNED
22c. PHYSICIAN'S NAME (Type) JOHN O. ROBB	EN	10/5 5/	BRING	aft of	.7.	li	d
23a. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCAT	ION (City, tawn, o	or county)	(Sto	ate)
CREMATION 11/9/60		REMATORY	PRINCE			MD	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 PEC	D BY_REGISTI		STRAR'S SIGNA	ATURE	
CAMMENT CL. 126	SILVER SPRING	MD.	N 1 4 6		Thurs L H	44	

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1288; CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who Maryland	ere deceased lived. If institution: Res b. COUNTY.	1					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Chevy Chase	utside corporote limits, write RURAL o	and give nearest town)					
d. NAME OF HOSPITAL (If not in hospital, give street of the short Sanitarium & Hospi	address)	d. STREET ADDRESS	Chase Drive	e. IS RESIDENCE ON A FARM? YES NO					
		iltberger	4. DATE Month OF DEATH NOV.	23 Yeor 19 60					
S. SEX 6. COLOR OR RACE 7. MARR WIDOWE	The second secon	B. DATE OF BIRTH  June 15, 186	lost histhday)	ths Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b.	Medica		or foreign country) hington D. C	U.S.					
13. FATHER'S NAME X JOHN WILL	Bekge R	14. MOTHER'S MAIDEN N	BORAH.						
(Man an an order of the first		fe Mrs. Virgi:	Address	same)					
18. CAUSE OF DEATH [Enter only ane cause per lin  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost.  (c)	alreascul	ar llesi	dent osis.	INTERVAL BETWEEN PASET AND DEATH					
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	ort I or Port II af item 18.)						
Hour a.m. While		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.		(County) (State)					
21. I certify that (I) (this hospital) attend saw the deceased alive an 224 SIGNATURE	226. SIGNATURE . 22b. DATE .								
220 PHYSICIAN'S CRAY	STA. M. O	M.D. ATTENDING ME PHYS. DI	RECTOR   STAFF	R.Ch.Ch.M					
230. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 11/26/60	Mt. Olivet	Cemetery	23d. LOCATION (City, town, or cou	Maryland (Stote)					
24. FUNERAL DIRECTOR'S SIGNATURE  Robert A. Pumphrey	ADDRESS	2So. REC'	BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE					

		TO THE TAPET			
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		and , it must		141/1	6.119
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(e-as)	20 PORTER PLA	erie. Cent			
	The Samuel Control of				

# ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 49 TO HOSPITAL CATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death; Page of may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haars after death.

VS A15 (4) 15M 9/55 133

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2752	CERTIFICATE	OF	DEATH
111/2			

Reg. Dist. No. 12857

1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institutions Residence before admission) o. STATE Mary Land b. COUNTY Mon Lyourery
b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 16 RURAL and give nearest, town) Lewyring Form	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 2809 University Blvd. W.	2809 University Blod, West ON A FARM? YES NO 1
3. NAME OF DECEASED (Type or print) E L S / E	WINKLER 4. DATE Month Day Year OF DEATH // 1960
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED	8. DATE OF BIRTH 9/14/92  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iost birthdoy) 68 yrs.  Months Days Hours Min.
10d. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Own home	USTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME / Christian Treffeisen	Maria Salomea Koch
(Yes, no, or unknown)   (if yes give wor or dates of service)	Hugo Winkler - 2809 Chir Blod W. Kensin
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	stive failure Interval BETWEEN ONSET AND DEATH
Conditions, if only, which gove rise to immediate (b)	mia 6 months
couse (o), stoting the under- lying couse lost.  DUE TO  Carcin	some of tectum unknown
CATK	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 17
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year Not While Not while of work of work of the p.m.	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) (octory, street, office bldg., etc.)
	th accurred at 9 P M, from the causes and an the date stated above.
ACTUAL Bein Tuag,	M.D. 918 (University B/V1. E. 11/12/6
PHYSICIAN'S EINO MAGI	Silver Spring, mid.
220. BURIAL, CREMATION. 22b. DATE THEREOF ARLINGTON NA	OR CREMATORY TO L. CEMETERY ARLINGTON, VIRGINIA (Stote)
W FUNERAL DIRECTOR'S SIGNATUREY INC. SILVER SPRIN	IG, MD. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE NOV 1 7 '60 arthur S. Krama

ATT APPLICATED	TE OF DEATH	CERTIFICA	SETST
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TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
12884 CERTIFICATE OF DEATH

-												
1	PLACE OF DEATH COUNTY Montgomer	У		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Virginia	ere deceased	lived. If institution b. COUNTY	Loudo		sion)	
	b. CITY OR TOWN (IF RURAL and give new Bethesda	outside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN	ч 1ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Leesburg						
r	d. NAME OF HOSPITA			oddress)		d. STREET ADDRESS		0	2~	e. IS RE	SIDENCE A FARM?	
	The Clinica	al Center,	Beth	nesda 1/1, Md		Route # 1		5	シマ	YES [	] NO [[	
3.	NAME OF DECEASED (Type or print)	Pau		Millard		Wolverton	4. DATE OF DEATH	Novemb		Day 5	Yeor 19 60	
S	. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	1	B. DATE OF BIRTH	1	P. AGE (In years lost birthdoy)	-	YEAR IF UND	-	
	Male	White	WIDOW	PED DIVORCED		February 15,	1945	15 yrs.	months [	Doys Hours	Min.	
L	Student	N (Give kind of working life, even if retired	done 10b.	None	INDUS	TRY 11. BIRTHPLACE (Stole Virgi	nia	untry)		U.S.A.	COUNTRY?	
13	3. FATHER'S NAME					14. MOTHER'S MAIDEN N						
L	Perry M. W					Mary Dutte	was the tale that the same					
15	Yes, no, or unknown) (	IN U.S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO.				lecord Addi				
L	No			None	Th	e Clinical Ce	nter,	Bethesda	14,	Maryla	nd	
		TH WAS CAUSED BY:	Н.	epatic coma						onset and	DEATH	
	Conditions, if or		H	epatitis, un	kno	wn etiology				mont	ths	
	gove rise to immediate couse (o), stating the under-lying couse lost.  DUE TO  Pulmonary Aspergillosis										ks	
CATION	PART II. OTH	er significant con	DITIONS	CONTRIBUTING TO DEAT	TH_BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	PERF	AUTOPSY ORMED?	
CEDTIE	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OC	CURRED	). (Enter noture of injury in F	ort I or Port	It of item 1B.)				
MEDICAL		Month, Doy, Ye	While of wo	Not while	foc	CE OF INJURY (Home, form, tory, street, office bldg., etc.	)			ounty)	(Stote)	
	saw the deceas	t (1) (this haspitaled alive an Nove	) attended	ded the deceased f		october 16 19 eath accurred at 8:4				date states	d abave.	
	220. SIGNATURE	- July	Q	m.D.	1	A.D. ATTENDING ME	D. RECTOR	STAFF PHYS.		1/5/60	2b.DATE SIGNED	
	22c. PHYSICIAN'S NAME (Type)			pickard, Jr.	, M	Delication of the property of the contraction of th	Clini of He	cal Cent	er, ethesd	Nation a 14, 1	nal Md.	
	3a. BURYAL, CREMATION REMOVAL (Specify)	8 Nov	60	23c. NAME OF CEMET	PERT OF	CREMATORY	23d. LOCATI	ON (City, town,	189	Va.	(6)	
2	4. FUNERAL DIRECTOR	SIGNATURE	Tus	ADDRESS	lu	250. REC'I	DV 9 '6	0	other &			

				T. L. Think
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	772JB00	HEAD GREET		
			COLUMN TO STREET	
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death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL O

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

19995 CERTIFICATE OF DEATH

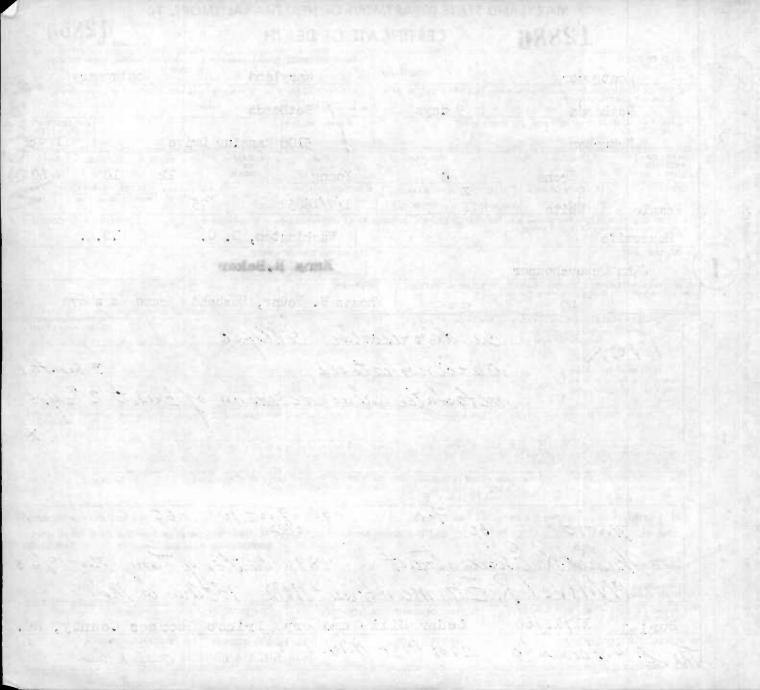
12000			Re	g. Dist. No.
1. PLACE OF DEATH o. COUNTY  Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE North (	ere deceased lived. If institution: Rarolina b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Kinston	utside corporate limits, write RURAL	L ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  The Clinical Center		d. STREET ADDRESS	ev Circle	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First DECEASED (Type or print) Jesse	Middle Pugh Woo	ten, Junior	4. DATE Month OF DEATH NOVember	24 Year 60
5. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH August 3, 19	I last hirthdoy)	INDER 1 YEAR IF UNDER 24 HRS onths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  None (Student)	KIND OF BUSINESS OR INDUS		or foreign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Jesse Pugh Wooten, Senio		Harriett		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes, no. or unknown)   (If yes, give war or dotes of service)	SOCIAL SECURITY NO. 17. H	WFORMANT The Med:	ical Record Address	
No	None T	ne Clinical Co	enter, Bethesda	14, Maryland
Conditions, if ony, which gave rise to immediate cause (a), stoting the under lying cause lost.  Conditions, if ony, which (b)  DUE TO  UE TO	am Negative Se	Leukemia		onset and death l Week  1 Year
PART II. OTHER SIGNIFICANT CONDITIONS C	CRIBE HOW INJURY OCCURRED			PERFORMED?
Continue of Injury Manth, Day, Year 20d. If Hour a.m.	NJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, form, fory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive on November 24 19  ACTUAL SIGNATURE AWARD E. MORSE, NAME (Type) EDWARD E. MORSE,	60, ond that death	occurred at 10:05.  A.D. The Clinic	M, from the causes and DDRESS (Street, city or town, stole cal Center Institutes of Re	DATE SIGNE 11-24-60
220. BURIAL CREMATION, PREMOVAL (Specify) 226. DATE THEREOF	BURIAL - TRA		22d, LOCATION (City, town, or con	CAROLINA
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Bether	la ma DATE	BY REGISTRAR 24b. REGISTRAR OY 2 8 '60 CALL	R'S SIGNATURE

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

19060

4 55	12886 CER	TIFICATE OF DEATH	Reg. Dist. No.
Page director	1. PLACE OF DEATH  o. COUNTY  Montgomery	2. USUAL RESIDENCE (Whe o. STATE Maryla	nd b. COUNTY Montgome ry
be of h	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)		tside corporate limits, write RURAL and give nearest town)
fun fun	Bethesda 9 days	H 7 Bethes	da
by the	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Suburban	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES □ NO [
hou in one	3. NAME OF First Mi		4. DATE Manth Day Year
in 24 fillec ges 1	(Type or print)  Irene  B	Young	OF DEATH 11 10 1960
Pag Pag	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MA	RRIED   B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HE
be ed .	Temate mitte	RCED 1/7/1885	10 yrs.
com com arh.	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)		
and cor an pap	Housewife	Washingto	
icion a e corbo	John Ockershouser	14. MOTHER'S MAIDEN NA	
physic move hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unknown)   (If yes, give war or dates of service)	NO. INFORMANT	Address
ing I	no no	Thomas B. Young	, Husband same as above
entli endi leos ithin	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and	(c).]	INTERVAL BETWEEN
en p	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAROLO	vascular coll	ALSE ONSET AND DEATH
the The	DUE TO		
d by	Conditions, if any, which ) (b) Carcino	omatoris	3 mouth
on. signer sit per nd in c	gave rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  (c) metasta	tie adenocarce	noma of present 2 1/2 yrs
physicis as beer ial-tron oval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO D
ending ficate h the bur or rem		Y OCCURRED. (Enter noture of injury in Po	
r oth certification,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work at work at work	20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	20f. (City or town) (County) (Stat
PH that of the surface of the surfac	Hour a.m. p. m.  19 While Not while of work at work	today, area, area side., cic.,	
ing ospilar fiter of for sol, call, call	21. I certify that I oftended the deceased from Fer	1956, to Me	v. fo, 196 Ghot I last sow the decease
S: A Siche bothe	olive on Nov 10 , 1960, and the	not death occurred at 10/54	A, from the couses and on the date stated above
det det	0/11/10/01/1		DDRESS (Street, city or town, stote) DATE SIGNI
REG Ped I	SIGNATURE PULLED . CHEMANICE	Well M.D. 4890 L	sattery Lane nov-10,6
retain RAL D shauld strar p	PHYSICIAN'S WILFred K. Etym	cantraut MD	Bethasda Me
OSP NN Pe UNE Se 3 regi	REMOVAL (Specify)		22d. LOCATION (City, tawn, or county) (State)
moy o Fun	Burial 11/12/00 Cedar	Hill Cemetery	Prince Georges County, M
VS A15 (4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS.	7 (+ /1.11).	BY REGISTRAR'S SIGNATURE
15M 9/58	Medilina a Til	DATE NO	V14'60 anthon S. Krous



VS A15 (4) 15M 9/S8

OR TOWN (I) Al and give ne Silve Silve AE OF HOSPIT NSTITUTION Maril OF SEED T print)  ALC MARIN OF SEED T print)  AUSE OF DEA	If auside carporate learest town)  Property Spring TAL (If not in haspit lea Sani MARG  6. COLOR OR RAWHITE  ON (Give kind of waking life, even if related to the lated to the	tarium First FORCES? an of service)  Tarium First WIDOWED Vark dane 10b. KIN	Middle SLUYT NEVER MARRIE DIVORCE ND OF BUSINESS OF At Home	IN 1b colored to the	d. STATE Mar c. CITY OR TOWN Gre d. STREET ADDRESS GB Rese Lost ABRISKI ITE OF BIRTH Ct. 1, II. BIRTHPLACE (SI Grand MOTHER'S MAIDE Meintje	yland (If outside corpo enbelt arch R  4. DATE OF DEATH  1886 late or foreign co	b. COUNTAIN A COUNTAIN	Conth  Sirs IFUNDER 1  Trs. Manths D  12. CITIZI	e. IS RESIDENCI ON A FARM YES NO Day Year YEAR IF UNDER 24 H Days Hours Min
AL and give ne Silve Re OF HOSPIT NSTITUTION Maril OF SED r print)  AL OCCUPATIC g mast of wark DISCEASED EVE John G. DECEASED EVE JOHN	MARG  6. COLOR OR RA  White ON (Give kind of weking life, even if rel  ER IN U. S. ARMED (If yes, give wor or dote  None  ATH [Enter only on  ATH WAS CAUSED	tarium First FORCES? an of service)  Tarium First WIDOWED Vark dane 10b. KIN	Middle SLUYT  DIVORCEI  NO OF BUSINESS OF THOMS  CIAL SECURITY NO	ER Z ED   8. DA D   O	d. STREET ADDRESS  6B Rese Loss  ABRISKI  TE OF BIRTH  11. BIRTHPLACE (SI  Grand  MOTHER'S MAIDE  Meintje	enbelt  arch R  4. DATE OF DEATH  1886 rate or foreign co	9. AGE (In year lost birthday 74 year) Michigan	Aganth  Irs   IF UNDER 1  Aganth  Its   IF UNDER 1  ITS   IF	e. IS RESIDENCE ON A FARM YES NO Day Year 19 YEAR IF UNDER 24 H Days Hours Min
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AUSE OF DEA	MARG 6. COLOR OR RA White ON (Give kind of weking life, even if rel LTE B. Slu ER IN U. S. ARMED (If yes, give wor or dote None ATH [Enter only or	First  FIRST  FORCES?  and of service)  FORCES?  and of service)  FORCES?  and of service)	Middle SLUYT  NEVER MARRIE DIVORCE NO OF BUSINESS O  At Home	ER Z. ED   8. DA D   O	ABRISKI ATE OF BIRTH  Ct. 1, 11. BIRTHPLACE (SI  Grand . MOTHER'S MAIDE  Meintje	4. DATE OF DEATH  1886 rate or foreign co	9. AGE (In year last birthday 74 yearntry) Michigan	irs   IFUNDER 1   Months   D	YEAR IF UNDER 24 H Doys Hours Min
IL OCCUPATION IN THE PROPERTY OF THE PROPERTY	White ON (Give kind of weaking life, even if rel LER IN U. S. ARMED (If yes, give war or date None ATH [Enter only are ATH WAS CAUSED	WIDOWED vark dane 10b. KIN with the variety of the	DIVORCEIND OF BUSINESS OF AT HOME	R INDUSTRY	ot. 1, 11. BIRTHPLACE (SI Grand . MOTHER'S MAIDE Meintje	Rapids NAME	74 yi nuntry) Michi	Manths C	Pays Hours Min
IL OCCUPATION IN THE PROPERTY OF THE PROPERTY	ON (Give kind of weaking life, even if rel LTE  B S1U ER IN U. S. ARMED (If yes, give wor or date NONE  ATH [Enter anly are ATH WAS CAUSED	votex FORCES? no of service)	At Home	R INDUSTRY	11. BIRTHPLACE (SI Grand . MOTHER'S MAIDE Meintje	Rapids NAME	Mich	igan	
DECEASED EVE JINKNOWN)  AUSE OF DEA	R IN U. S. ARMED (If yes, give war ar date  NONE  ATH [Enter anly an  ATH WAS CAUSED	FORCES? 16. SO		. INFOR/	Meintje		eld	ddress & D	DECE:
	ATH [Enter only on		8.8	35				OB	Research
	ATH WAS CAUSED	ie caose bei ime i	for (a) the and (a)	Myr	on L. Z	abrisk:	le, Rd	., Gree	nbelt, Md
ditians, if and a rise to in a	the <u>under-</u>	(b) E TO (c) CONDITIONS CON	NTRIBUTING TO DEA	ATH BUT NOT	RELATED TO THE TE	ERMINAL DISEASI	E CONDITION (	GIVEN IN PART	1(a) 19. WAS AUTOP PERFORMED? YES \( \) NO
CCIDENT WA ONTRIBUTING HER, NOTIFY	AS UNDERLYING C G CAUSE OF DEA MEDICAL EXAMIN	20b. DESCRII	BE HOW INJURY O	CCURRED. (Ent	iter nature of injury	in Part I ar Part	II of item 18.)		
ME OF INJUR Haur a.m. p. m.	RY Manth, Day,	While	Nat while at wark	20e. PLACE O factory,	OF INJURY (Hame, street, office bldg.,	farm, 20f. (City etc.)	ar tawn)	(Co	aunty) (Sta
certify the	The	196	and that		19/19	M, fram ADPRESS (SI	the causes of reet, city or low	and an the	DATE SIGN
CIANIS			2c. NAME OF CEMI		MATORY	22d. LOCAT	ION (City, town	n, ar caunty)	(State)  W Jersey
AI	URE ANUS Type)	AND JOHN S.  CREMATION, 22b. DATE TH	JOHN S. ROGERS	JOHN S. ROGERS  CREMATION. 22b. DATE THEREOF  AL (Specify)  22c. NAME OF CEMIA  22c. NAME OF CEMIA	M.D.  AND  JOHN S. ROGERS  CREMATION, 22b. DATE THEREOF  AL (Specify)  AL (Specify)	CREMATION, 22b. DATE THEREOF AL (Specify)  Nov. 9,1960  South Church Cemetery  Nov. 9,1960	ADDRESS (SI TYPE)  JOHN S. ROGERS  1919 Sweeney  CREMATION, 22b. DATE THEREOF  AL (Specify)  Nov. 9,1960 South Church Cemetery  Berg	ADDRESS (Sireet, city or town of the company of the	ADPRESS (Street, city or town, state)  M.D.  ADPRESS (Street, city or town, state)  M.D.  ADPRESS (Street, city or town, state)  M.D.  ADPRESS (Street, city or town, state)  Supering JOHN S. ROGERS  1919 Sweeney Rd., Silver S  CREMATION, At (Specify)  Nov. 9, 1960 South Church Cemetery  Bergenfield Net

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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dreenbelt.

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Person with the Cot. 1, 1885 L 74 L L

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John O. S. Hington Xeintje Sieveld demassan Ha

No . Fone Fone to Myron D. Cabrielle, Ad., Greenbelt, Ma.

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seriel Sav. 9, 1960 South Church Contary Rargeritaid, 48% Jarres

W. V. CHANGERS CO., Riveriale, Maryland, S.